

		FOR OHF USE					

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2001
STATE OF ILLINOIS
DEPARTMENT OF PUBLIC AID
FINANCIAL AND STATISTICAL REPORT FOR
LONG-TERM CARE FACILITIES
(FISCAL YEAR 2001)

IMPORTANT NOTICE
 THIS AGENCY IS REQUESTING DISCLOSURE OF INFORMATION
 THAT IS NECESSARY TO ACCOMPLISH THE STATUTORY
 PURPOSE AS OUTLINED IN 210 ILCS 45/3-208. DISCLOSURE
 OF THIS INFORMATION IS MANDATORY. FAILURE TO PROVIDE
 ANY INFORMATION ON OR BEFORE THE DUE DATE WILL
 RESULT IN CESSATION OF PROGRAM PAYMENTS. THIS FORM
 HAS BEEN APPROVED BY THE FORMS MANAGEMENT CENTER.

I. IDPH Facility ID Number: <u>0014258</u>		II. CERTIFICATION BY AUTHORIZED FACILITY OFFICER	
Facility Name: <u>ANCHORAGE OF BENSENVILLE</u>		I have examined the contents of the accompanying report to the State of Illinois, for the period from <u>07/01/2000</u> to <u>06/30/2001</u> and certify to the best of my knowledge and belief that the said contents are true, accurate and complete statements in accordance with applicable instructions. Declaration of preparer (other than provider) is based on all information of which preparer has any knowledge.	
Address: <u>111 E. WASHINGTON STR.</u> <u>BENSENVILLE</u> <u>60106</u> Number City Zip Code		Intentional misrepresentation or falsification of any information in this cost report may be punishable by fine and/or imprisonment.	
County: <u>DU PAGE</u>		Officer or Administrator of Provider (Signed) _____ (Date) _____ (Type or Print Name) <u>THOMAS L. NOESEN</u> (Title) <u>TREASURER</u>	
Telephone Number: <u>630-766-5800</u> Fax # <u>630-860-5130</u>		Paid Preparer (Signed) _____ (Date) _____ (Print Name and Title) _____ (Firm Name & Address) _____ (Telephone) () _____ Fax # () _____	
IDPA ID Number: <u>36-2166970-001</u>		MAIL TO: OFFICE OF HEALTH FINANCE ILLINOIS DEPARTMENT OF PUBLIC AID 201 S. Grand Avenue East Springfield, IL 62763-0001 Phone # (217) 782-1630	
Date of Initial License for Current Owners: <u>09/03/1905</u>			
Type of Ownership:			
<input checked="" type="checkbox"/> VOLUNTARY, NON-PROFIT			
<input checked="" type="checkbox"/> Charitable Corp.		<input type="checkbox"/> PROPRIETARY	
<input type="checkbox"/> Trust		<input type="checkbox"/> Individual	
IRS Exemption Code <u>501c3</u>		<input type="checkbox"/> Partnership	
		<input type="checkbox"/> Corporation	
		<input type="checkbox"/> "Sub-S" Corp.	
		<input type="checkbox"/> Limited Liability Co.	
		<input type="checkbox"/> Trust	
		<input type="checkbox"/> Other _____	
In the event there are further questions about this report, please contact: Name: <u>DONALD PRIMDAHL</u> Telephone Number: <u>630-521-8034</u>			

Facility Name & ID Number ANCHORAGE OF BENSENVILLE# 0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

III. STATISTICAL DATA

A. Licensure/certification level(s) of care; enter number of beds/bed days,
(must agree with license). Date of change in licensed beds _____

	1	2	3	4	
	Beds at Beginning of Report Period	Licensure Level of Care	Beds at End of Report Period	Licensed Bed Days During Report Period	
1	<u>134</u>	Skilled (SNF)	<u>134</u>	<u>48,910</u>	1
2		Skilled Pediatric (SNF/PED)			2
3	<u>96</u>	Intermediate (ICF)	<u>96</u>	<u>35,040</u>	3
4		Intermediate/DD			4
5		Sheltered Care (SC)			5
6		ICF/DD 16 or Less			6
7	<u>230</u>	TOTALS	<u>230</u>	<u>83,950</u>	7

B. Census-For the entire report period.

	1	2	3	4	5	
	Level of Care	Patient Days by Level of Care and Primary Source of Payment				
		Public Aid Recipient	Private Pay	Other	Total	
8	SNF	<u>19,050</u>	<u>13,309</u>	<u>4,767</u>	<u>37,126</u>	8
9	SNF/PED					9
10	ICF					10
11	ICF/DD	<u>21,972</u>	<u>12,998</u>		<u>34,970</u>	11
12	SC					12
13	DD 16 OR LESS					13
14	TOTALS	<u>41,022</u>	<u>26,307</u>	<u>4,767</u>	<u>72,096</u>	14

C. Percent Occupancy. (Column 5, line 14 divided by total licensed
bed days on line 7, column 4.) 85.88%

D. How many bed-hold days during this year were paid by Public Aid?

0 (Do not include bed-hold days in Section B.)E. List all services provided by your facility for non-patients.
(E.g., day care, "meals on wheels", outpatient therapy)HOME DELIVERED MEALS, NUTRITION SITE, STAFF FOOD SERVICESF. Does the facility maintain a daily midnight census? YESG. Do pages 3 & 4 include expenses for services or
investments not directly related to patient care?YES ☒ NO ☐

H. Does the BALANCE SHEET (page 17) reflect any non-care assets?

YES ☒ NO ☐

I. On what date did you start providing long term care at this location?

Date started 1953

J. Was the facility purchased or leased after January 1, 1978?

YES ☐ Date _____ NO ☒

K. Was the facility certified for Medicare during the reporting year?

YES ☒ NO ☐ If YES, enter numberof beds certified _____ and days of care provided 4,767Medicare Intermediary ADMINASTAR FEDERAL INC.

IV. ACCOUNTING BASIS

ACCRUAL ☒ MODIFIED
CASH* ☐ CASH* ☐Is your fiscal year identical to your tax year? YES ☒ NO ☐Tax Year: 06/30/2001 Fiscal Year: 06/30/2001

* All facilities other than governmental must report on the accrual basis.

STATE OF ILLINOIS

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Facility Name & ID Number ANCHORAGE OF BENSENVILLE # 0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

V. COST CENTER EXPENSES (throughout the report, please round to the nearest dollar)

	Operating Expenses	Costs Per General Ledger				Reclass-ification 5	Reclassified Total 6	Adjust-ments 7	Adjusted Total 8	FOR OHF USE ONLY	
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10
	A. General Services										
1	Dietary	574,415	63,514	297,927	935,856	11,161	947,017		947,017		1
2	Food Purchase		676,864		676,864	445	677,309	202,116	879,425		2
3	Housekeeping	347,306	104,352	1,102	452,760	851	453,611		453,611		3
4	Laundry	129,988	22,280	9	152,277		152,277		152,277		4
5	Heat and Other Utilities			395,032	395,032		395,032		395,032		5
6	Maintenance	150,872	46,457	120,058	317,387	(1,865)	315,522		315,522		6
7	Other (specify):*										7
8	TOTAL General Services	1,202,581	913,467	814,128	2,930,176	10,592	2,940,768	202,116	3,142,884		8
	B. Health Care and Programs										
9	Medical Director			95,000	95,000		95,000		95,000		9
10	Nursing and Medical Records	3,900,088	601,087	50,782	4,551,957	(75,948)	4,476,009		4,476,009		10
10a	Therapy	185,631	2,401	399,001	587,033	(374,991)	212,042		212,042		10a
11	Activities	203,044	7,724	26,333	237,101	51,853	288,954	(3,737)	285,217		11
12	Social Services	264,888	1,329	2,271	268,488		268,488		268,488		12
13	Nurse Aide Training										13
14	Program Transportation	26,512	3,112	1,625	31,249		31,249		31,249		14
15	Other (specify):*										15
16	TOTAL Health Care and Programs	4,580,163	615,653	575,012	5,770,828	(399,086)	5,371,742	(3,737)	5,368,005		16
	C. General Administration										
17	Administrative	73,361			73,361	46,507	119,868	284,237	404,105		17
18	Directors Fees										18
19	Professional Services			288,505	288,505	(141,240)	147,265	13,547	160,812		19
20	Dues, Fees, Subscriptions & Promotions			40,994	40,994	381	41,375	(11,234)	30,141		20
21	Clerical & General Office Expenses	38,665	51,663	78,966	169,294	11,836	181,130	22,751	203,881		21
22	Employee Benefits & Payroll Taxes			1,338,395	1,338,395	12,078	1,350,473	71,025	1,421,498		22
23	Inservice Training & Education										23
24	Travel and Seminar			14,385	14,385	2,084	16,469	5,229	21,698		24
25	Other Admin. Staff Transportation			934	934	6,663	7,597	5,297	12,894		25
26	Insurance-Prop.Liab.Malpractice			210,555	210,555		210,555		210,555		26
27	Other (specify):*										27
28	TOTAL General Administration	112,026	51,663	1,972,734	2,136,423	(61,691)	2,074,732	390,852	2,465,584		28
29	TOTAL Operating Expense (sum of lines 8, 16 & 28)	5,894,770	1,580,783	3,361,874	10,837,427	(450,185)	10,387,242	589,231	10,976,473		29

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

NOTE: Include a separate schedule detailing the reclassifications made in column 5. Be sure to include a detailed explanation of each reclassification.

Facility Name & ID Number ANCHORAGE OF BENSENVILLE #0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

V. COST CENTER EXPENSES (continued)

	Capital Expense	Cost Per General Ledger				Reclass- ification 5	Reclassified Total 6	Adjust- ments 7	Adjusted Total 8	FOR OHF USE ONLY		
		Salary/Wage 1	Supplies 2	Other 3	Total 4					9	10	
	D. Ownership											
30	Depreciation			387,470	387,470		387,470	(21,292)	366,178			30
31	Amortization of Pre-Op. & Org.											31
32	Interest			229,150	229,150		229,150	(8,655)	220,495			32
33	Real Estate Taxes											33
34	Rent-Facility & Grounds					5,057	5,057		5,057			34
35	Rent-Equipment & Vehicles			97,385	97,385	(97,385)						35
36	Other (specify):*											36
37	TOTAL Ownership			714,005	714,005	(92,328)	621,677	(29,947)	591,730			37
	Ancillary Expense											
	E. Special Cost Centers											
38	Medically Necessary Transportation											38
39	Ancillary Service Centers		26,446	36,080	62,526	538,451	600,977		600,977			39
40	Barber and Beauty Shops											40
41	Coffee and Gift Shops					4,062	4,062		4,062			41
42	Provider Participation Fee			125,925	125,925		125,925		125,925			42
43	Other (specify):*											43
44	TOTAL Special Cost Centers		26,446	162,005	188,451	542,513	730,964		730,964			44
45	GRAND TOTAL COST (sum of lines 29, 37 & 44)	5,894,770	1,607,229	4,237,884	11,739,883		11,739,883	559,284	12,299,167			45

*Attach a schedule if more than one type of cost is included on this line, or if the total exceeds \$1000.

In column 2 below, reference the line on which the particular cost was included. (See instructions.)

	1	2	3	
NON-ALLOWABLE EXPENSES	Amount	Refer- ence	OHF USE ONLY	
1 Day Care	\$		\$	1
2 Other Care for Outpatients				2
3 Governmental Sponsored Special Programs				3
4 Non-Patient Meals	202,116	2		4
5 Telephone, TV & Radio in Resident Rooms				5
6 Rented Facility Space	(3,051)	11		6
7 Sale of Supplies to Non-Patients				7
8 Laundry for Non-Patients				8
9 Non-Straightline Depreciation	(21,292)	30		9
10 Interest and Other Investment Income	(8,655)	32		10
11 Discounts, Allowances, Rebates & Refunds				11
12 Non-Working Officer's or Owner's Salary				12
13 Sales Tax				13
14 Non-Care Related Interest				14
15 Non-Care Related Owner's Transactions				15
16 Personal Expenses (Including Transportation)				16
17 Non-Care Related Fees				17
18 Fines and Penalties				18
19 Entertainment				19
20 Contributions	(686)	11		20
21 Owner or Key-Man Insurance				21
22 Special Legal Fees & Legal Retainers				22
23 Malpractice Insurance for Individuals				23
24 Bad Debt				24
25 Fund Raising, Advertising and Promotional	(13,603)	20		25
26 Income Taxes and Illinois Personal Property Replacement Tax				26
27 Nurse Aide Training for Non-Employees				27
28 Yellow Page Advertising				28
29 Other-Attach Schedule				29
30 SUBTOTAL (A): (Sum of lines 1-29)	\$ 154,829		\$	30

OHF USE ONLY						
48		49	50	51	52	

B. If there are expenses experienced by the facility which do not appear in the general ledger, they should be entered below.(See instructions.)

	1	2	
	Amount	Reference	
31 Non-Paid Workers-Attach Schedule*	\$		31
32 Donated Goods-Attach Schedule*			32
33 Amortization of Organization & Pre-Operating Expense			33
34 Adjustments for Related Organization Costs (Schedule VII)	(32,810)	VARIOUS	34
35 Other- Attach Schedule VIII-B	437,265	VARIOUS	35
36 SUBTOTAL (B): (sum of lines 31-35)	\$ 404,455		36
37 TOTAL ADJUSTMENTS (A) and (B))	\$ 559,284		37

*These costs are only allowable if they are necessary to meet minimum licensing standards. Attach a schedule detailing the items included on these lines.

C. Are the following expenses included in Sections A to D of pages 3 and 4? If so, they should be reclassified into Section E. Please reference the line on which they appear before reclassification.
(See instructions.)

	1	2	3	4	
	Yes	No	Amount	Reference	
38 Medically Necessary Transport.		X	\$		38
39					39
40 Gift and Coffee Shops	X		4,062	VARIOUS	40
41 Barber and Beauty Shops		X			41
42 Laboratory and Radiology		X			42
43 Prescription Drugs		X			43
44 Exceptional Care Program	X		538,451	VARIOUS	44
45 Other-Attach Schedule		X			45
46 Other-Attach Schedule		X			46
47 TOTAL (C): (sum of lines 38-46)			\$ 542,513		47

STATE OF ILLINOIS
ANCHORAGE OF BENSENVILLE

Page 5A

ID# 0014258
Report Period Beginning: 07/01/2000
Ending: 06/30/2001

NON-ALLOWABLE EXPENSES		Amount	Reference	Sch. V Line
1	ALLOCATION INDIRECT COST-SCHED. VIII-B	\$ 284,237	17	1
2	ALLOCATION INDIRECT COST-SCHED. VIII-B	46,357	19	2
3	ALLOCATION INDIRECT COST-SCHED. VIII-B	2,369	20	3
4	ALLOCATION INDIRECT COST-SCHED. VIII-B	22,751	21	4
5	ALLOCATION INDIRECT COST-SCHED. VIII-B	71,025	22	5
6	ALLOCATION INDIRECT COST-SCHED. VIII-B	5,229	24	6
7		5,297	25	7
8				8
9				9
10				10
11				11
12				12
13				13
14				14
15				15
16				16
17				17
18				18
19				19
20				20
21				21
22				22
23				23
24				24
25				25
26				26
27				27
28				28
29				29
30				30
31				31
32				32
33				33
34				34
35				35
36				36
37				37
38				38
39				39
40				40
41				41
42				42
43				43
44				44
45				45
46				46
47				47
48				48
49	Total	437,265		49

STATE OF ILLINOIS

Summary A

Facility Name & ID Number ANCHORAGE OF BENSENVILLE

0014258

Report Period Beginning:

07/01/2000

Ending:

06/30/2001

SUMMARY OF PAGES 5, 5A, 6, 6A, 6B, 6C, 6D, 6E, 6F, 6G, 6H AND 6I

	Operating Expenses	PAGES 5 & 5A	PAGE 6	PAGE 6A	PAGE 6B	PAGE 6C	PAGE 6D	PAGE 6E	PAGE 6F	PAGE 6G	PAGE 6H	PAGE 6I	SUMMARY TOTALS (to Sch V, col.7)	
	A. General Services													
1	Dietary	0	0	0	0	0	0	0	0	0	0	0	0	1
2	Food Purchase	202,116	0	0	0	0	0	0	0	0	0	0	202,116	2
3	Housekeeping	0	0	0	0	0	0	0	0	0	0	0	0	3
4	Laundry	0	0	0	0	0	0	0	0	0	0	0	0	4
5	Heat and Other Utilities	0	0	0	0	0	0	0	0	0	0	0	0	5
6	Maintenance	0	0	0	0	0	0	0	0	0	0	0	0	6
7	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	7
8	TOTAL General Services	202,116	0	0	0	0	0	0	0	0	0	0	202,116	8
	B. Health Care and Programs													
9	Medical Director	0	0	0	0	0	0	0	0	0	0	0	0	9
10	Nursing and Medical Records	0	0	0	0	0	0	0	0	0	0	0	0	10
10a	Therapy	0	0	0	0	0	0	0	0	0	0	0	0	10a
11	Activities	(3,737)	0	0	0	0	0	0	0	0	0	0	(3,737)	11
12	Social Services	0	0	0	0	0	0	0	0	0	0	0	0	12
13	Nurse Aide Training	0	0	0	0	0	0	0	0	0	0	0	0	13
14	Program Transportation	0	0	0	0	0	0	0	0	0	0	0	0	14
15	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	15
16	TOTAL Health Care and Programs	(3,737)	0	0	0	0	0	0	0	0	0	0	(3,737)	16
	C. General Administration													
17	Administrative	284,237	0	0	0	0	0	0	0	0	0	0	284,237	17
18	Directors Fees	0	0	0	0	0	0	0	0	0	0	0	0	18
19	Professional Services	46,357	(32,810)	0	0	0	0	0	0	0	0	0	13,547	19
20	Fees, Subscriptions & Promotions	(11,234)	0	0	0	0	0	0	0	0	0	0	(11,234)	20
21	Clerical & General Office Expenses	22,751	0	0	0	0	0	0	0	0	0	0	22,751	21
22	Employee Benefits & Payroll Taxes	71,025	0	0	0	0	0	0	0	0	0	0	71,025	22
23	Inservice Training & Education	0	0	0	0	0	0	0	0	0	0	0	0	23
24	Travel and Seminar	5,229	0	0	0	0	0	0	0	0	0	0	5,229	24
25	Other Admin. Staff Transportation	5,297	0	0	0	0	0	0	0	0	0	0	5,297	25
26	Insurance-Prop.Liab.Malpractice	0	0	0	0	0	0	0	0	0	0	0	0	26
27	Other (specify):*	0	0	0	0	0	0	0	0	0	0	0	0	27
28	TOTAL General Administration	423,662	(32,810)	0	0	0	0	0	0	0	0	0	390,852	28
29	TOTAL Operating Expense (sum of lines 8,16 & 28)	622,041	(32,810)	0	0	0	0	0	0	0	0	0	589,231	29

Summary B

06/30/2001

[illegible]

Facility Name & ID Number ANCHORAGE OF BENSENVILLE# 0014258

Report Period Beginning:

07/01/2000

Ending:

06/30/2001

VII. RELATED PARTIES

A. Enter below the names of ALL owners and related organizations (parties) as defined in the instructions. Attach an additional schedule if necessary.

1 OWNERS		2 RELATED NURSING HOMES		3 OTHER RELATED BUSINESS ENTITIES		
Name	Ownership %	Name	City	Name	City	Type of Business
BENSENVILLE HOME SOCIETY	100	PEOTONE SENIOR LIVING CENTER	PEOTONE	LIFELINK AREA\		INDEPENDENT
LIFELINK CORP. (BHS PARENT)	100	ANCHORAGE OF BEECHER	BEECHER	HOUSING	VARIOUS	LIVING
		PINE ACRES LIVING CENTER	DEKALB	BRIDGEWAY OF		INDEPENDENT
				BENSENVILLE	BENSENVILLE	LIVING
				LIFELINK CHARITI	BENSENVILLE	FUND RAISING
				LIFELINK SERVICE	BENSENVILLE	PROJ. DEVEL.
				SEE ATTACHED		

B. Are any costs included in this report which are a result of transactions with related organizations? This includes rent, management fees, purchase of supplies, and so forth. ☒ YES ☐ NO

If yes, costs incurred as a result of transactions with related organizations must be fully itemized in accordance with the instructions for determining costs as specified for this form.

1	2	3 Cost Per General Ledger	4	5 Cost to Related Organization	6	7	8 Difference:
Schedule V	Line	Item	Amount	Name of Related Organization	Percent of Ownership	Operating Cost of Related Organization	Adjustments for Related Organization Costs (7 minus 4)
1	V	19 MANAGEMENT FEES	\$ 89,170	LIFELINK CORP. (V.P. OF HEALTH CARE)	100.00%	\$ 61,782	\$ (27,388) 1
2	V	19 MANAGEMENT FEES	62,016	LIFELINK CORP. (PASTORAL CARE)	100.00%	56,725	(5,291) 2
3	V	19 MANAGEMENT FEES	36,107	BHS (VOLUNTEER COORDINATOR)	100.00%	34,220	(1,887) 3
4	V	19 MANAGEMENT FEES		BHS (INTERGENERATIONAL COORDINATOR)	100.00%	1,756	1,756 4
5	V						5
6	V						6
7	V						7
8	V						8
9	V						9
10	V						10
11	V						11
12	V						12
13	V						13
14	Total		\$ 187,293			\$ 154,483	\$ * (32,810) 14

* Total must agree with the amount recorded on line 34 of Schedule VI.

Facility Name & ID Number ANCHORAGE OF BENSENVILLE # 0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	CARL ZIMMERMAN	PRESIDENT	ADMIN.	NONE	18,192	8.43	21.07	SALARY	\$ 23,178	17-7	1
2	ROBERT LOGSTON	EXEC. VP ADMIN.	ADMIN.	NONE	18,192	8.43	21.07	SALARY	23,178	17-7	2
3	JOAN DI LEONARDI	EXEC. VP OPER.	ADMIN.	NONE	18,192	8.43	21.07	SALARY	23,178	17-7	3
4	JAMES FORMAL	VP HEALTH CARE	ADMIN-HEALTH	NONE	71,500	11.12	27.80	SALARY	30,580	19-3	4
5	THOMAS NOESEN	VP FIN/TREASURE	ACCT/FINANCE	NONE	18,192	8.43	21.07	SALARY	23,178	17-7	5
6	ALLEN S. GABRYS	CONTROLLER	ACCT/FINANCE	NONE	11,811	8.43	21.07	SALARY	15,049	17-7	6
7	KATHY LYNN CICERO	VP CORP. SERV.	ADMIN.	NONE	4,330	8.43	21.07	SALARY	5,516	17-7	7
8	KENYETTA HAYWOOD	VP SUPP. SERV.	SUPP. SERV.	NONE	18,192	8.43	21.07	SALARY	23,178	17-7	8
9	PAMELA JONES	DIR. - VOL.. SERV.	RECRUIT/PLAC	NONE	18,057	12	30.00	SALARY	11,526	11-7	9
10	DONALD PRIMDAHL	DIR. - BUDGETING	BDGT/GOVT. RE	NONE	12,337	8.43	21.07	SALARY	15,719	17-7	10
11	JANET HISBON	DIR. - PAST. CARE	SPRITUAL SERV	NONE	9,132	18.8	47.00	SALARY	19,509	11-7	11
12	KATHLEEN SCHUPBACH	DIR. - HUMAN RES	PERSONNEL	NONE	8,349	8.43	21.07	SALARY	10,638	17-7	12
13								TOTAL	\$ 224,427		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees).
FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME,
ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION

Facility Name & ID Number ANCHORAGE OF BENSENVILLE # 0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

VII. RELATED PARTIES (continued)

C. Statement of Compensation and Other Payments to Owners, Relatives and Members of Board of Directors.

NOTE: ALL owners (even those with less than 5% ownership) and their relatives who receive any type of compensation from this home must be listed on this schedule.

	1 Name	2 Title	3 Function	4 Ownership Interest	5 Compensation Received From Other Nursing Homes*	6 Average Hours Per Work Week Devoted to this Facility and % of Total Work Week		7 Compensation Included in Costs for this Reporting Period**		8 Schedule V. Line & Column Reference	
						Hours	Percent	Description	Amount		
1	MELODY LEIMNETZER	DIR. - TRAINING	TRAINING	NONE	9,245	8.43	21.07	SALARY	\$ 11,780	17-7	1
2	ROBIN MCBROOM	INTERGEN. COORD.	ACTIVITIES	NONE	3,300	2	5.00	SALARY	2,063	11-7	2
3											3
4								TOTAL PAGE 7	224,427		4
5											5
6											6
7											7
8											8
9											9
10											10
11											11
12											12
13								TOTAL	\$ 238,270		13

* If the owner(s) of this facility or any other related parties listed above have received compensation from other nursing homes, attach a schedule detailing the name(s) of the home(s) as well as the amount paid. THIS AMOUNT MUST AGREE TO THE AMOUNTS CLAIMED ON THE THE OTHER NURSING HOMES' COST REPORTS.

** This must include all forms of compensation paid by related entities and allocated to Schedule V of this report (i.e., management fees). FAILURE TO PROPERLY COMPLETE THIS SCHEDULE INDICATING ALL FORMS OF COMPENSATION RECEIVED FROM THIS HOME, ALL OTHER NURSING HOMES AND MANAGEMENT COMPANIES MAY RESULT IN THE DISALLOWANCE OF SUCH COMPENSATION.

Facility Name & ID Number ANCHORAGE OF BENSENVILLE# 0014258 Report Period Beginning: 07/01/2000 Ending: 6/30/2001

VIII. ALLOCATION OF INDIRECT COSTS

A. Are there any costs included in this report which were derived from allocations of central office or parent organization costs? (See instructions.) YES ☒ NO ☐

Name of Related Organization LIFELINK CORPORATION
 Street Address 331 S. YORK ROAD
 City / State / Zip Code BENSENVILLE, IL. 60106
 Phone Number (630) 766-3570
 Fax Number (630) 860-5130

B. Show the allocation of costs below. If necessary, please attach worksheets.

1	2	3	4	5	6	7	8	9	
Schedule V Line Reference	Item	Unit of Allocation (i.e., Days, Direct Cost, Square Feet)	Total Units	Number of Subunits Being Allocated Among	Total Indirect Cost Being Allocated	Amount of Salary Cost Contained in Column 6	Facility Units	Allocation (col.8/col.4)x col.6	
1	17	ADMINISTRATION	DIRECT PROG. COST	62,274,501	12	\$ 1,348,947	\$ 13,121,862	\$ 284,237	1
2	19	PROFESSIONAL SERVICES	DIRECT PROG. COST	62,274,501	12	220,002	13,121,862	46,357	2
3	20	FEES, SUBSCRIPTIONS, PROM	DIRECT PROG. COST	62,274,501	12	11,244	13,121,862	2,369	3
4	21	GEN. OFFICE EXPENSE	DIRECT PROG. COST	62,274,501	12	107,973	13,121,862	22,751	4
5	22	EMP. TAXES & BENEFITS	DIRECT PROG. COST	62,274,501	12	337,074	13,121,862	71,025	5
6	24	TRAVEL & SEMINARS	DIRECT PROG. COST	62,274,501	12	24,818	13,121,862	5,229	6
7	25	OTHER STAFF TRANS.	DIRECT PROG. COST	62,274,501	12	25,139	13,121,862	5,297	7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25	TOTALS					\$ 2,075,197	\$ 1,348,947	\$ 437,265	25

Facility Name & ID Number ANCHORAGE OF BENSENVILLE # 0014258 Report Period Beginning: 07/01/2000 Ending: 06/30/2001

IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE

A. Interest: (Complete details must be provided for each loan - attach a separate schedule if necessary.)

1		2		3	4	5	6		7	8	9	10	
	Name of Lender	Related**		Purpose of Loan	Monthly Payment Required	Date of Note	Amount of Note		Maturity Date	Interest Rate (4 Digits)	Reporting Period Interest Expense		
		YES	NO				Original	Balance					
	A. Directly Facility Related												
	Long-Term												
1			X	REFINANCE MORTGAGE	*	*	\$ *	\$ *	*	*	\$ 229,150	1	
2				& CAPITAL PROJECTS								2	
3												3	
4												4	
5												5	
	Working Capital												
6												6	
7												7	
8												8	
9	TOTAL Facility Related							\$	\$			\$ 229,150	9
	B. Non-Facility Related*												
10												10	
11				* SEE ATTACHED								11	
12												12	
13												13	
14	TOTAL Non-Facility Related							\$	\$			\$ '0	14
15	TOTALS (line 9+line14)							\$ *	\$ *			\$ 229,150	15

* Any interest expense reported in this section should be adjusted out on page 5, line 14 and, consequently, page 4, col. 7.
(See instructions.)

** If there is ANY overlap in ownership between the facility and the lender, this must be indicated in column 2.
(See instructions.)

Facility Name & ID Number **ANCHORAGE OF BENSENVILLE**# **0014258** Report Period Beginning: **07/01/2000** Ending: **06/30/2001****IX. INTEREST EXPENSE AND REAL ESTATE TAX EXPENSE (continued)****B. Real Estate Taxes**

Important , please see the next worksheet, "RE_Tax". The real estate tax statement and bill must accompany the cost report.			
1. Real Estate Tax accrual used on 2000 report.		\$ '0	1
2. Real Estate Taxes paid during the year: (Indicate the tax year to which this payment applies. If payment covers more than one year, detail below.)		\$ '0	2
3. Under or (over) accrual (line 2 minus line 1).		\$ '0	3
4. Real Estate Tax accrual used for 2001 report. (Detail and explain your calculation of this accrual on the lines below.)		\$ '0	4
5. Direct costs of an appeal of tax assessments which has NOT been included in professional fees or other general operating costs on Schedule V, sections A, B or C. (Describe appeal cost below. Attach copies of invoices to support the cost and a copy of the appeal filed with the county.)		\$ '0	5
6. Subtract a refund of real estate taxes. You must offset the full amount of any direct appeal costs classified as a real estate tax cost plus one-half of any remaining refund. TOTAL REFUND \$ For 19 Tax Year. (Attach a copy of the real estate tax appeal board's decision.)		\$ '0	6
7. Real Estate Tax expense reported on Schedule V, line 33. This should be a combination of lines 3 thru 6.		\$ '0	7
Real Estate Tax History:			
Real Estate Tax Bill for Calendar Year:	1996 0 8	FOR OHF USE ONLY	
	1997 0 9	13	FROM R. E. TAX STATEMENT FOR 2000 \$ 13
	1998 0 10	14	PLUS APPEAL COST FROM LINE 5 \$ 14
	1999 0 11	15	LESS REFUND FROM LINE 6 \$ 15
	2000 0 12	16	AMOUNT TO USE FOR RATE CALCULATION \$ 16

NOTES:

1. Please indicate a negative number by use of brackets(). Deduct any overaccrual of taxes from prior year.
2. If facility is a non-profit which pays real estate taxes, you must attach a denial of an application for real estate tax exemption unless the building is rented from a for-profit entity.
This denial must be no more than four years old at the time the cost report is filed.

IMPORTANT NOTICE

TO: Long Term Care Facilities with Real Estate Tax Rates RE: 2000 REAL ESTATE TAX COST DOCUMENTATION

In order to set the real estate tax portion of the capital rate, it is necessary that we obtain additional information regarding your calendar 2000 real estate tax costs, as well as copies of your real estate tax bills for calendar 2000.

Please complete the Real Estate Tax Statement below and forward with a copy of your 2000 real estate tax bill to the Department of Public Aid, Office of Health Finance, 201 South Grand Avenue East, Springfield, Illinois 62763.

Please send these items in with your completed 2001 cost report. The cost report will not be considered complete and timely filed until this statement and the corresponding real estate tax bills are filed. If you have any questions,

2000 LONG TERM CARE REAL ESTATE TAX STATEMENT

FACILITY NAME ANCHORAGE OF BENSENVILLE COUNTY DU PAGE

FACILITY IDPH LICENSE NUMBER 0014258

CONTACT PERSON REGARDING THIS REPORT DONALD PRIMDAHL

TELEPHONE 630-521-8034 FAX #: 630-860-5130

A. Summary of Real Estate Tax Cos

Enter the tax index number and real estate tax assessed for 2000 on the lines provided below. Enter only the portion of tl cost that applies to the operation of the nursing home in Column D. Real estate tax applicable to any portion of the nursr home property which is vacant, rented to other organizations, or used for purposes other than long term care must not l entered in Column D. Do not include cost for any period other than calendar year 2000

	(A)	(B)	(C)	(D)
	<u>Tax Index Number</u>	<u>Property Description</u>	<u>Total Tax</u>	<u>Tax Applicable to Nursing Home</u>
1.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
2.	<u>N/A</u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
3.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
4.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
5.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
6.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
7.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
8.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
9.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
10.	<u> </u>	<u> </u>	\$ <u> </u>	\$ <u> </u>
		TOTALS	\$ <u> </u>	\$ <u> </u>

B. Real Estate Tax Cost Allocation:

Does any portion of the tax bill apply to more than one nursing home, vacant property, or property which is not direct used for nursing home services? YES NO

If YES, attach an explanation & a schedule which shows the calculation of the cost allocated to the nursing hom (Generally the real estate tax cost must be allocated to the nursing home based upon sq. ft. of space used

C. Tax Bills

Attach a copy of the 2000 tax bills which were listed in Section A to this statement. Be sure to use the 2000 tax bill whic is normally paid during 2001.

A. Square Feet: 139,890

B. General Construction Type: Exterior BRICK

Frame

Number of Stories 1

C. Does the Operating Entity?

☒ (a) Own the Facility
 ☐ (b) Rent from a Related Organization.
 ☐ (c) Rent from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI. Those checking (c) may complete Schedule XI or Schedule XII-A. See instructions.

D. Does the Operating Entity?

☒ (a) Own the Equipment
 ☐ (b) Rent equipment from a Related Organization.
 ☐ (c) Rent equipment from Completely Unrelated Organization.

(Facilities checking (a) or (b) must complete Schedule XI-C. Those checking (c) may complete Schedule XI-C or Schedule XII-B. See instructions.

E. List all other business entities owned by this operating entity or related to the operating entity that are located on or adjacent to this nursing home's ground: (such as, but not limited to, apartments, assisted living facilities, day training facilities, day care, independent living facilities, nurse aide training facilities, etc.) List entity name, type of business, square footage, and number of beds/units available (where applicable)

BENSENVILLE HOME SOCIETY'S CHILD & FAMILY SERVICES/NORTH HOUSE BUILDING - OFFICE SPACE (51,307 SQ. FT.)

LIFELINK AREA HOUSING'S CASTLE TOWERS - LOW INCOME SENIOR CITIZENS & HANDICAPPED APARTMENTS (110,000 SQ. FT. - 149 UNITS)

BENSENVILLE HOME SOCIETY'S MEADOW CREST UNITS - TOWN HOMES FOR SENIOR CITIZENS (12,500 SQ. FT. - 4 BUILDINGS / 13 UNITS)

BRIDGEWAY OF BENSENVILLE - CCRC FOR SENIOR CITIZENS (206,400 SQ. FT. - 160 UNITS)

F. Does this cost report reflect any organization or pre-operating costs which are being amortized?

☐ YES
 ☒ NO

If so, please complete the following:

1. Total Amount Incurred:

2. Number of Years Over Which it is Being Amortized:

3. Current Period Amortization:

4. Dates Incurred:

Nature of Costs:

(Attach a complete schedule detailing the total amount of organization and pre-operating costs.)

XI. OWNERSHIP COSTS:

A. Land.

	1	2	3	4	
	Use	Square Feet	Year Acquired	Cost	
1	LONG TERM CARE	789,200	PRE 1900	\$ 14,628	1
2					2
3	TOTALS	789,200		\$ 14,628	3

STATE OF ILLINOIS

Page 12

Facility Name & ID Number ANCHORAGE OF BENSENVILLE

0014258

Report Period Beginning:

07/01/2000 Ending: 06/30/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1 Beds*	2 FOR OHF USE ONLY	3 Year Acquired	4 Year Constructed	5 Cost	6 Current Book Depreciation	7 Life in Years	8 Straight Line Depreciation	9 Adjustments	10 Accumulated Depreciation	
4	46		1953	1953	\$ 542,515	\$ 8,346	30	\$	(8,346)	\$ 542,515	4
5	137		1975	1975	3,200,989	80,025	40	80,025		2,034,224	5
6	47		1977	1977	906,521	22,663	40	22,663		543,913	6
7			1985	1985	148,230	4,941	30	4,941		79,056	7
8			1995	1995	789,192	31,566	30	26,306	(5,260)	181,713	8
	Improvement Type**										
9		1985 ADMINISTRATION BLDG. RENOVATION		1985	365,668	9,142	40	9,142		213,930	9
10		1986 ADMINISTRATION BLDG. RENOVATION		1986	28,176	704	40	704		15,385	10
11		FULLY DEPRECIATED			961,518		VAR			961,518	11
12		UNIT E HVAC AND PIPING		1983	11,290		20	565	565	10,164	12
13		ADMINISTRATION RENOVATION		1987	2,318	58	40	58		839	13
14		SIDEWALK AND PAVEMENT REPAIR		1988	14,491		20	725	725	9,420	14
15		ASPHALT REPAIRS		1989	49,263		16	3,079	3,079	33,869	15
16		CONCRETE REPAIRS		1989	31,335		20	1,566	1,566	18,800	16
17		TILE RESIDENT ROOMS		1989	1,152		10	34	34	1,152	17
18		UNITS C/D APPOLO BATH TUBS		1989	23,824		15	1,588	1,588	19,058	18
19		CONCRETE REPAIRS		1990	2,455		20	123	123	1,353	19
20		ROOF REPAIRS UNITS A/E		1990	13,011	1,084	8		(1,084)	13,011	20
21		FITTING FOR DIESEL FUEL TANK		1990	2,965	99	20	148	49	1,629	21
22		SUN SHADE UNIT D		1990	5,288	131	10	131		5,288	22
23		RENOVATION UNIT D TUB ROOM		1990	2,205	55	8		(55)	2,205	23
24		UNIT E ELECTRIC PANEL		1990	12,692		20	635	635	6,985	24
25		BOILER ROOM REPAIRS		1990	4,726		20	236	236	2,597	25
26		ELECTRIC PANEL FOR EMERGENCY GENERATOR		1990	6,290		20	314	314	3,455	26
27		LAUNDRY RENOVATION		1990	243,583	12,179	20	12,179		128,895	27
28		HOTWATER TANK		1990	3,948	197	8		(197)	3,948	28
29		ROOF IMPROVEMENTS		1991	45,180	3,784	10	4,518	734	45,180	29
30		HVAC UPGRADE		1991	110,268	7,351	20	5,513	(1,838)	54,212	30
31		BACK FLOW PREVENTERS		1991	3,953	363	10	397	34	3,556	31
32		UNIT D HEAVY DUTY LIFTER		1991	1,275	85	15	85		850	32
33		LIBRARY COOLING SYSTEM		1991	1,200	110	8		(110)	1,200	33
34		HVAC UPGRADE		1992	32,784	3,278	20	1,639	(1,639)	16,391	34
35		REMODEL ICECREAM PARLOR		1992	11,388	1,139	20	569	(570)	5,690	35
36		MARKET PLACE/MURAL RENOVATION		1992	7,824	782	20	391	(391)	3,912	36

*Total beds on this schedule must agree with page 2.

**Improvement type must be detailed in order for the cost report to be considered complete

See Page 12A, Line 70 for total

STATE OF ILLINOIS

Page 12A

Facility Name & ID Number ANCHORAGE OF BENSENVILLE

0014258

Report Period Beginning:

07/01/2000 Ending: 06/30/2001

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

	1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation		
37	HANDICAPPED RAMPS	1992	\$ 55,125	\$ 5,513	10	\$ 5,513		\$ 49,615		37
38	REDECORATE UNITS A/E & CENTER LOUNGE	1992	15,439	1,544	8		(1,544)	15,439		38
39	REDECORATE ADMIN. OFFICE/CONF. ROOM	1992	8,290	829	8		(829)	8,290		39
40	GAS PIPING FOR LAUNDRY	1992	2,093	209	25	84	(125)	776		40
41	BIRD AVIARY	1992	6,780	678	10	678		6,102		41
42	REDECORATE STAFF DINNING ROOM	1992	5,852	585	8		(585)	5,852		42
43	ICECREAM PARLOR CABINETS AND SINK	1992	3,239	324	20	162	(162)	1,512		43
44	CONCRETE REPAIRS	1993	5,465	547	20	273	(274)	2,458		44
45	INSTALL HVAC EQUIPMENT - MAINTENANCE	1993	15,570	1,557	20	779	(778)	6,750		45
46	INSTALL TILE - COMMON AREA	1993	15,647	1,565	8	814	(751)	15,647		46
47	BEAUTY SHOP RENOVATION	1993	21,100	2,110	8	1,096	(1,014)	21,100		47
48	ELECTRICAL WIRING - BOILER	1993	4,200	420	20	210	(210)	1,803		48
49	HEAVY DUTY DRAPES AND RODS	1993	2,887	289	10	289		2,287		49
50	UNIT C ELECTRIC LOCKING DOORS	1993	6,385	639	10	639		5,163		50
51	UNIT D CORRIDOR REDECORATION	1993	23,595	2,360	8	248	(2,112)	23,595		51
52	LAUNDRY MAGNETIC DOOR HOLDER	1993	500	50	10	50		404		52
53	CHAPEL RENOVATIONS	1993	41,100	4,110	8	2,133	(1,977)	41,100		53
54	RENOVATE FAMILY DINNING ROOM	1993	6,475	647	8	343	(304)	6,475		54
55	KITCHEN WIRING AND FLOOR REPAIR	1993	1,068	106	8	52	(54)	1,068		55
56	WALK-IN FREEZER COIL	1993	2,699	270	8	145	(125)	2,699		56
57	6 X 4 LAMP FIXTURES - REHAB/ACTIVITIES	1993	1,113	111	10	111		898		57
58	ACTIVITIES KILN VENT	1993	5,070	507	10	507		4,014		58
59	REPLACE GAS LINE TO FURNACE	1993	5,057	506	25	202	(304)	1,802		59
60	ASPHALT WORK	1994	6,720	672	16	420	(252)	3,115		60
61	BATHROOM AND COMMON AREA RENOVATION	1994	26,510	2,651	8	3,314	663	25,130		61
62	BOILER ROOM AIR UNIT	1994	10,754	1,075	10	1,075		9,676		62
63	KITCHEN RECEPTACLES	1994	2,081	208	10	208		1,352		63
64	ACTIVITY AREA RENOVATION	1994	19,905	1,990	8	2,488	498	18,868		64
65	(40) SECURITY LIGHT FIXTURES	1995	7,600	760	10	760		4,940		65
66	(2) PUSHER PLATES, RECEIVERS & TRANSFORMERS	1995	1,080	108	20	54	(54)	351		66
67	(153) PAIRS OF DRAPES	1995	32,900	3,290	10	3,290		21,385		67
68	DOOR ALARM SYSTEM	1995	7,752	775	20	388	(387)	2,360		68
69	UNIT C NURSING STATION	1995	2,700	270	10	270		1,508		69
70	TOTAL (lines 4 thru 69)		\$ 7,960,268	\$ 225,357		\$ 204,869	\$ (20,488)	\$ 5,279,447		70

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12A, Carried Forward		\$ 7,960,268	\$ 225,357		\$ 204,869	\$ (20,488)	\$ 5,279,447	1
2	REPLACE KITCHEN PLUMBING VALVES	1995	4,245	425	10	425		2,478	2
3	TILE WALK-IN FREEZER	1995	4,243	424	8	530	106	3,445	3
4	KITCHEN PRESSURE DUMPSTER PAD	1995	1,840	184	10	184		1,119	4
5	REWIRE SMOKE DETECTORS	1996	2,579	301	8	322	21	1,717	5
6	SECURITY SYSTEM	1996	28,298	2,830	10	2,830		15,565	6
7	UNIT D SHOWER RENOVATION	1996	21,625	2,163	10	2,163		10,994	7
8	SEAL PARKING AREAS	1997	7,997	800	16	500	(300)	2,042	8
9	NEW GARAGE/STORAGE BUILDING	1997	12,348	412	30	412		1,545	9
10	AWNING EXTENSION/ROOF	1998	2,769	92	30	92		284	10
11	(12) VARIABLE AIR VOLUME CONTROLS - UNIT D	1998	11,700	1,170	30	390	(780)	1,268	11
12	KICON REINFORCED WALL BOARDS - KITCHEN	1998	4,092	409	10	409		1,329	12
13	S/S WALL PANEL - KITCHEN	1998	3,700	370	10	370		1,202	13
14	ELECTRICAL WORK - KITCHEN	1998	1,034	103	10	103		335	14
15	EXTERIOR LIGHTING	1998	2,230	74	10	223	149	666	15
16	3" VALVES AND PIPING / UNIT E	1998	3,000	300	10	300		925	16
17	BUILDING SAFETY UPGRADES	1998	798,672	79,867	10	79,867		206,323	17
18	STRUCTURAL RENOVATION	1999	60,642	2,021	30	2,021		4,211	18
19	FIRE PROTECTION SYSTEM - MAINTENANCE	1999	2,951	295	10	295		688	19
20	BURGLAR ALARM SYSTEM - MAINTENANCE	1999	8,330	833	10	833		1,874	20
21	ACOUSTICAL CEILING - KITCHEN	1999	2,000	200	10	200		450	21
22	ROOF REPLACEMENT	1999	115,966	5,798	20	5,798		11,596	22
23	CARPETING - CENTER LOUNGE	1999	25,796	2,580	10	2,580		5,160	23
24	STAFF DINING ROOM RENOVATION	1999	4,666	467	10	467		934	24
25	REFURBISH FLOOR - SUNDAES BEST	1999	3,275	327	10	327		600	25
26	DOMESTIC WATER BACKFLOW	2000	11,501	1,150	10	1,150		1,246	26
27	FOUNDATION STRUCTURAL REPAIRS	2000	57,165	2,858	20	2,858		3,096	27
28	AUTOMATIC DOOR CLOSERS - UNIT A	2000	20,110	2,111	10	2,111		2,279	28
29	REDECORATE UNIT D NURSING STATION	2000	14,665	1,467	10	1,467		1,589	29
30	VARIABLE AIR VOLUME BOX - UNIT D	2000	11,700	1,170	10	1,170		1,268	30
31	HVAC UNIT - UNIT D	2000	37,700	3,770	10	3,770		4,084	31
32	INSTALL SIDEWALK	2000	2,730	159	10	159		159	32
33	ROOFTOP HVAC UNIT	2001	11,930	398	10	398		398	33
34	TOTAL (lines 1 thru 33)		\$ 9,261,767	\$ 340,885		\$ 319,593	\$ (21,292)	\$ 5,570,316	34

**Improvement type must be detailed in order for the cost report to be considered complete

XI. OWNERSHIP COSTS (continued)

B. Building Depreciation-Including Fixed Equipment. (See instructions.) Round all numbers to nearest dollar

1	2	3	4	5	6	7	8	9	10
	Improvement Type**	Year Constructed	Cost	Current Book Depreciation	Life in Years	Straight Line Depreciation	Adjustments	Accumulated Depreciation	
1	Totals from Page 12B, Carried Forward		\$ 9,261,767	\$ 340,885		\$ 319,593	\$ (21,292)	\$ 5,570,316	1
2	BATHROOM FIXTURES	2001	4,200	210	10	210		210	2
3	SPECTRUM 60DSEJ DIESEL GENSET GENERATOR	2001	26,627	222	10	222		222	3
4									4
5									5
6									6
7									7
8									8
9									9
10									10
11									11
12									12
13									13
14									14
15									15
16									16
17									17
18									18
19									19
20									20
21									21
22									22
23									23
24									24
25									25
26									26
27									27
28									28
29									29
30									30
31									31
32									32
33									33
34	TOTAL (lines 1 thru 33)		\$ 9,292,594	\$ 341,317		\$ 320,025	\$ (21,292)	\$ 5,570,748	34

**Improvement type must be detailed in order for the cost report to be considered complete

Facility Name & ID Number ANCHORAGE OF BENSENVILLE

0014258

Report Period Beginning:

07/01/2000

Ending:

06/30/2001

XI. OWNERSHIP COSTS (continued)

C. Equipment Depreciation-Excluding Transportation. (See instructions.)

	Category of Equipment	1 Cost	Current Book Depreciation 2	Straight Line Depreciation 3	4 Adjustments	Component Life 5	Accumulated Depreciation 6	
71	Purchased in Prior Years	\$ 392,026	\$ 40,511	\$ 40,511	\$	5-10	\$ 225,322	71
72	Current Year Purchases	34,194	1,877	1,877		5-10	1,877	72
73	Fully Depreciated Assets	509,101				5-10	509,101	73
74								74
75	TOTALS	\$ 935,321	\$ 42,388	\$ 42,388	\$		\$ 736,300	75

D. Vehicle Depreciation (See instructions.)*

	1 Use	Model, Make and Year 2	Year Acquired 3	4 Cost	Current Book Depreciation 5	Straight Line Depreciation 6	7 Adjustments	Life in Years 8	Accumulated Depreciation 9	
76	RESIDENT TRANSPORTATION	1997 DODGE RAM VAN	1997	\$ 22,586	\$ 3,765	\$ 3,765	\$	6	\$ 14,430	76
77										77
78										78
79										79
80	TOTALS			\$ 22,586	\$ 3,765	\$ 3,765	\$		\$ 14,430	80

E. Summary of Care-Related Assets

	1 Reference	2 Amount	
81	Total Historical Cost (line 3, col.4 + line 70, col.4 + line 75, col.1 + line 80, col.4) + (Pages 12B thru 12I, if applicable)	\$ 10,265,129	81
82	Current Book Depreciation (line 70, col.5 + line 75, col.2 + line 80, col.5) + (Pages 12B thru 12I, if applicable)	\$ 387,470	82
83	Straight Line Depreciation (line 70, col.7 + line 75, col.3 + line 80, col.6) + (Pages 12B thru 12I, if applicable)	\$ 366,178	83 **
84	Adjustments (line 70, col.8 + line 75, col.4 + line 80, col.7) + (Pages 12B thru 12I, if applicable)	\$ (21,292)	84
85	Accumulated Depreciation (line 70, col.9 + line 75, col.6 + line 80, col.9) + (Pages 12B thru 12I, if applicable)	\$ 6,321,478	85

F. Depreciable Non-Care Assets Included in General Ledger. (See instructions.)

	1 Description & Year Acquired	2 Cost	Current Book Depreciation 3	Accumulated Depreciation 4	
86		\$	\$	\$	86
87					87
88					88
89					89
90					90
91	TOTALS	\$	\$	\$	91

G. Construction-in-Progress

	Description	Cost	
92		\$	92
93			93
94			94
95		\$	95

* Vehicles used to transport residents to & from day training must be recorded in XI-F, not XI-D.

** This must agree with Schedule V line 30, column 8.

1. Name of Party Holding Lease: N / A

2. Does the facility also pay real estate taxes in addition to rental amount shown below on line 7, column 4?

If NO, see instructions.

☐ YES ☐ NO

10. Effective dates of current rental agreement:

Beginning

Ending

11. Rent to be paid in future years under the current rental agreement:

8. List separately any amortization of lease expense included on page 4, line 34.

This amount was calculated by dividing the total amount to be amortized by the length of the lease .

9. Option to Buy: ☐ YES ☐ NO Terms: *

15. Is Movable equipment rental included in building rental?

16. Rental Amount for movable equipment: \$ 97,385 Description: SEE ATTACHED

(Attach a schedule detailing the breakdown of movable equipment)

Fiscal Year Ending	Annual Rent
--------------------	-------------

12. **/2002** §

13. /2003 \$

14. /2004 \$

*** If there is an option to buy the building, please provide complete details on attached schedule.**

**** This amount plus any amortization of lease expense must agree with page 4, line 34.**

A. TYPE OF TRAINING PROGRAM (If aides are trained in another facility program, attach a schedule listing the facility name, address and cost per aide trained in that facility.)

1. HAVE YOU TRAINED AIDES DURING THIS REPORT PERIOD? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If "yes", please complete the remainder of this schedule. If "no", provide an explanation as to why this training was not necessary.	2. CLASSROOM PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> COMMUNITY COLLEGE <input type="checkbox"/> HOURS PER AIDE _____	3. CLINICAL PORTION: IN-HOUSE PROGRAM <input type="checkbox"/> IN OTHER FACILITY <input type="checkbox"/> HOURS PER AIDE _____
---	---	--

WE ONLY HIRE CERTIFIED NURSING ASSISTANTS

B. EXPENSES

ALLOCATION OF COSTS (d)

		1		2		3	4
		Facility					
		Drop-outs	Completed			Contract	Total
1	Community College Tuition	\$	\$			\$	\$
2	Books and Supplies						
3	Classroom Wages (a)						
4	Clinical Wages (b)						
5	In-House Trainer Wages (c)						
6	Transportation						
7	Contractual Payments						
8	Nurse Aide Competency Tests						
9	TOTALS	\$	\$			\$	\$
10	SUM OF line 9, col. 1 and 2 (e)	\$					

- (a) Include wages paid during the classroom portion of training. Do not include fringe benefits.
 (b) Include wages paid during the clinical portion of training. Do not include fringe benefits.
 (c) For in-house training programs only. Do not include fringe benefits.
 (d) Allocate based on if the aide is from your facility or is being contracted to be trained in your facility. Drop-out costs can only be for costs incurred by your own aides.

C. CONTRACTUAL INCOME

In the box below record the amount of income your facility received training aides from other facilities.

\$ _____

D. NUMBER OF AIDES TRAINED

COMPLETED	
1. From this facility	
2. From other facilities (f)	
DROP-OUTS	
1. From this facility	
2. From other facilities (f)	
TOTAL TRAINED	

- (e) The total amount of Drop-out and Completed Costs for your own aides must agree with Sch. V, line 13, col. 8.
 (f) Attach a schedule of the facility names and addresses of those facilities for which you trained aides.

XIV. SPECIAL SERVICES (Direct Cost) (See instructions.)

		1	2	3	4	5	6	7	8		
	Service	Schedule V Line & Column Reference	Staff		Outside Practitioner (other than consultant)		Supplies (Actual or Allocated)	Total Units (Column 2 + 4)	Total Cost (Col. 3 + 5 + 6)		
			Units of Service	Cost	Units	Cost					
					1	Licensed Occupational Therapist		hrs	\$		
2	Licensed Speech and Language Development Therapist		hrs			2,034				2,034	2
3	Licensed Recreational Therapist		hrs								3
4	Licensed Physical Therapist		hrs			1,515	958			2,473	4
5	Physician Care		visits								5
6	Dental Care		visits								6
7	Work Related Program		hrs								7
8	Habilitation		hrs								8
9	Pharmacy		# of prescripts								9
	Psychological Services (Evaluation and Diagnosis/ Behavior Modification)		hrs								10
11	Academic Education		hrs								11
12	Exceptional Care Program					374,991				374,991	12
13	Other (specify): VENT CARE		2513	48,501				2,513		48,501	13
14	TOTAL			\$ 48,501		\$ 378,540	\$ 2,401	2,513	\$	429,442	14

NOTE: This schedule should include fees (other than consultant fees) paid to licensed practitioners. Consultant fees should be detailed on Schedule XVIII-B. Salaries of unlicensed practitioners, such as nurse aides, who help with the above activities should not be listed on this schedule.

This report must be completed even if financial statements are attached.

		1 Operating	2 After Consolidation*	
	A. Current Assets			
1	Cash on Hand and in Banks	\$ 853	\$ 300,057	1
2	Cash-Patient Deposits	37,689	701,493	2
3	Accounts & Short-Term Notes Receivable-Patients (less allowance 2,857,701)	870,313	2,456,599	3
4	Supply Inventory (priced at COST)	25,823	74,132	4
5	Short-Term Investments		100,774	5
6	Prepaid Insurance			6
7	Other Prepaid Expenses	91,282	229,730	7
8	Accounts Receivable (owners or related parties)	745,539	3,031,236	8
9	Other(specify): GRANTS/CONTRIB. REC.		832,219	9
10	TOTAL Current Assets (sum of lines 1 thru 9)	\$ 1,771,499	\$ 7,726,240	10
	B. Long-Term Assets			
11	Long-Term Notes Receivable			11
12	Long-Term Investments			12
13	Land		921,501	13
14	Buildings, at Historical Cost		20,838,240	14
15	Leasehold Improvements, at Historical Cost		588,646	15
16	Equipment, at Historical Cost		6,386,595	16
17	Accumulated Depreciation (book methods)		(14,405,136)	17
18	Deferred Charges			18
19	Organization & Pre-Operating Costs			19
20	Accumulated Amortization - Organization & Pre-Operating Costs			20
21	Restricted Funds			21
22	Other Long-Term Assets (specify):			22
23	Other(specify): SEE ATTACHED		6,291,533	23
24	TOTAL Long-Term Assets (sum of lines 11 thru 23)	\$	\$ 20,621,379	24
25	TOTAL ASSETS (sum of lines 10 and 24)	\$ 1,771,499	\$ 28,347,619	25

		1 Operating	2 After Consolidation*	
	C. Current Liabilities			
26	Accounts Payable	\$ 62,422	\$ 1,037,803	26
27	Officer's Accounts Payable			27
28	Accounts Payable-Patient Deposits	118,299	199,295	28
29	Short-Term Notes Payable		950,000	29
30	Accrued Salaries Payable	212,723	1,442,712	30
31	Accrued Taxes Payable (excluding real estate taxes)	2,044	12,608	31
32	Accrued Real Estate Taxes(Sch.IX-B)			32
33	Accrued Interest Payable			33
34	Deferred Compensation			34
35	Federal and State Income Taxes			35
	Other Current Liabilities(specify):			
36	DUE TO AFFILIATED CORP.S		12,550,524	36
37	BONDS PAYABLE/DEFERRED REV.		791,266	37
38	TOTAL Current Liabilities (sum of lines 26 thru 37)	\$ 395,488	\$ 16,984,208	38
	D. Long-Term Liabilities			
39	Long-Term Notes Payable			39
40	Mortgage Payable			40
41	Bonds Payable		15,671,388	41
42	Deferred Compensation			42
	Other Long-Term Liabilities(specify):			
43	DEFERRED REVENUE/OTHER		912,484	43
44				44
45	TOTAL Long-Term Liabilities (sum of lines 39 thru 44)	\$	\$ 16,583,872	45
46	TOTAL LIABILITIES (sum of lines 38 and 45)	\$ 395,488	\$ 33,568,080	46
47	TOTAL EQUITY (page 18, line 24)	\$ 1,376,011	\$ (5,220,461)	47
48	TOTAL LIABILITIES AND EQUITY (sum of lines 46 and 47)	\$ 1,771,499	\$ 28,347,619	48

*(See instructions.)

		1 Total	
1	Balance at Beginning of Year, as Previously Reported	\$ 2,822,503	1
2	Restatements (describe):		2
3			3
4			4
5			5
6	Balance at Beginning of Year, as Restated (sum of lines 1-5)	\$ 2,822,503	6
A. Additions (deductions):			
7	NET Income (Loss) (from page 19, line 43)	(883,688)	7
8	Aquisitions of Pooled Companies		8
9	Proceeds from Sale of Stock		9
10	Stock Options Exercised		10
11	Contributions and Grants		11
12	Expenditures for Specific Purposes		12
13	Dividends Paid or Other Distributions to Owners	()	13
14	Donated Property, Plant, and Equipment		14
15	Other (describe) NONE ALLOWED COSTS EXCLUDED	(1,387,539)	15
16	Other (describe) NET EXP. BOOKED ON CORP BOOKS	824,735	16
17	TOTAL Additions (deductions) (sum of lines 7-16)	\$ (1,446,492)	17
B. Transfers (Itemize):			
18			18
19			19
20			20
21			21
22			22
23	TOTAL Transfers (sum of lines 18-22)	\$	23
24	BALANCE AT END OF YEAR (sum of lines 6 + 17 + 23)	\$ 1,376,011	24 *

* This must agree with page 17, line 47.

STATE OF ILLINOIS

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Facility Name & ID Number ANCHORAGE OF BENSENVILLE

0014258

Report Period Beginning: 07/01/2000

Ending: 06/30/2001

VII. INCOME STATEMENT (attach any explanatory footnotes necessary to reconcile this schedule to Schedules V and VI.) All required classifications of revenue and expense must be provided on this form, even if financial statements are attached.

Note: This schedule should show gross revenue and expenses. Do not net revenue against expense.

1			
	Revenue	Amount	
A. Inpatient Care			
1	Gross Revenue -- All Levels of Care	\$ 14,649,983	1
2	Discounts and Allowances for all Levels	(4,950,221)	2
3	SUBTOTAL Inpatient Care (line 1 minus line 2)	\$ 9,699,762	3
B. Ancillary Revenue			
4	Day Care		4
5	Other Care for Outpatients		5
6	Therapy	1,359,954	6
7	Oxygen		7
8	SUBTOTAL Ancillary Revenue (lines 4 thru 7)	\$ 1,359,954	8
C. Other Operating Revenue			
9	Payments for Education		9
10	Other Government Grants		10
11	Nurses Aide Training Reimbursements		11
12	Gift and Coffee Shop	4,062	12
13	Barber and Beauty Care		13
14	Non-Patient Meals	202,116	14
15	Telephone, Television and Radio		15
16	Rental of Facility Space		16
17	Sale of Drugs		17
18	Sale of Supplies to Non-Patients		18
19	Laboratory		19
20	Radiology and X-Ray		20
21	Other Medical Services		21
22	Laundry	8,005	22
23	SUBTOTAL Other Operating Revenue (lines 9 thru 22)	\$ 214,183	23
D. Non-Operating Revenue			
24	Contributions	686	24
25	Interest and Other Investment Income***	8,655	25
26	SUBTOTAL Non-Operating Revenue (lines 24 and 25)	\$ 9,341	26
E. Other Revenue (specify):****			
27	Settlement Income (Insurance, Legal, Etc.)		27
28	BUS RENTAL REVENUE	10,220	28
28a			28a
29	SUBTOTAL Other Revenue (lines 27, 28 and 28a)	\$ 10,220	29
30	TOTAL REVENUE (sum of lines 3, 8, 23, 26 and 29)	\$ 11,293,460	30

2			
	Expenses	Amount	
A. Operating Expenses			
31	General Services	2,930,176	31
32	Health Care	5,770,828	32
33	General Administration	2,136,423	33
B. Capital Expense			
34	Ownership	714,005	34
C. Ancillary Expense			
35	Special Cost Centers	62,526	35
36	Provider Participation Fee	125,925	36
D. Other Expenses (specify):			
37	ALLOC. OF INDIRECT COST - SCHED. VIII B	437,265	37
38			38
39			39
40	TOTAL EXPENSES (sum of lines 31 thru 39)*	\$ 12,177,148	40
41	Income before Income Taxes (line 30 minus line 40)**	(883,688)	41
42	Income Taxes		42
43	NET INCOME OR LOSS FOR THE YEAR (line 41 minus line 42)	\$ (883,688)	43

* This must agree with page 4, line 45, column 4.

** Does this agree with taxable income (loss) per Federal Income Tax Return? _____ If not, please attach a reconciliation.

*** See the instructions. If this total amount has not been offset against interest expense on Schedule V, line 32, please include a detailed explanation.

****Provide a detailed breakdown of "Other Revenue" on an attached sheet.

Facility Name & ID Number **ANCHORAGE OF BENSENVILLE**# **0014258**Report Period Beginning: **07/01/2000**Ending: **06/30/2001****XVIII. A. STAFFING AND SALARY COSTS (Please report each line separately.)**

(This schedule must cover the entire reporting period.)

		1 # of Hrs. Actually Worked	2** # of Hrs. Paid and Accrued	3 Reporting Period Total Salaries, Wages	4 Average Hourly Wage	
1	Director of Nursing	1,950	2,080	\$ 63,629	\$ 30.59	1
2	Assistant Director of Nursing	1,882	2,008	69,043	34.38	2
3	Registered Nurses	61,346	67,762	1,379,047	20.35	3
4	Licensed Practical Nurses	30,404	33,663	614,204	18.25	4
5	Nurse Aides & Orderlies	123,946	137,891	1,702,977	12.35	5
6	Nurse Aide Trainees					6
7	Licensed Therapist					7
8	Rehab/Therapy Aides	8,130	9,166	109,317	11.93	8
9	Activity Director	1,912	2,080	37,968	18.25	9
10	Activity Assistants	12,166	13,430	165,076	12.29	10
11	Social Service Workers	13,312	14,338	264,888	18.47	11
12	Dietician					12
13	Food Service Supervisor					13
14	Head Cook	3,611	4,221	56,323	13.34	14
15	Cook Helpers/Assistants	53,544	59,353	518,092	8.73	15
16	Dishwashers					16
17	Maintenance Workers	10,581	11,763	150,872	12.83	17
18	Housekeepers	42,427	47,775	347,306	7.27	18
19	Laundry	12,235	13,432	129,988	9.68	19
20	Administrator	1,944	2,080	73,361	35.27	20
21	Assistant Administrator					21
22	Other Administrative					22
23	Office Manager					23
24	Clerical	5,045	5,678	38,665	6.81	24
25	Vocational Instruction					25
26	Academic Instruction					26
27	Medical Director					27
28	Qualified MR Prof. (QMRP)					28
29	Resident Services Coordinator					29
30	Habilitation Aides (DD Homes)					30
31	Medical Records	8,259	9,095	147,502	16.22	31
32	Other Health Care(specify)					32
33	Other(specify) <u>Driver</u>	2,018	2,280	26,512	11.63	33
34	TOTAL (lines 1 - 33)	394,712	438,095	\$ 5,894,770 *	\$ 13.46	34

* This total must agree with page 4, column 1, line 45.

** See instructions.

B. CONSULTANT SERVICES

		1 Number of Hrs. Paid & Accrued	2 Total Consultant Cost for Reporting Period	3 Schedule V Line & Column Reference	
35	Dietary Consultant		\$ 246,122		35
36	Medical Director		95,000		36
37	Medical Records Consultant	40	2,340		37
38	Nurse Consultant		6,832		38
39	Pharmacist Consultant		2,933		39
40	Physical Therapy Consultant		450		40
41	Occupational Therapy Consultant		209		41
42	Respiratory Therapy Consultant				42
43	Speech Therapy Consultant				43
44	Activity Consultant		2,167		44
45	Social Service Consultant		1,620		45
46	Other(specify)				46
47	<u>DENTAL CONSULTANT</u>		8,552		47
48					48
49	TOTAL (lines 35 - 48)	40	\$ 366,225		49

C. CONTRACT NURSES

		1 Number of Hrs. Paid & Accrued	2 Total Contract Wages	3 Schedule V Line & Column Reference	
50	Registered Nurses	8	\$ 380	10a-3	50
51	Licensed Practical Nurses	156	5,971	10a-3	51
52	Nurse Aides	439	10,065	10a-3	52
53	TOTAL (lines 50 - 52)	603	\$ 16,416		53

Facility Name & ID Number

ANCHORAGE OF BENSENVILLE

STATE OF ILLINOIS

0014258

Report Period Beginning:

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XIX. SUPPORT SCHEDULES

A. Administrative Salaries

Name	Function	Ownership %	Amount
JANE MULLER	ADMINISTRATOR	0	\$ 73,361
TOTAL (agree to Schedule V, line 17, col. 1) (List each licensed administrator separately.)			\$ 73,361

B. Administrative - Other

Description	Amount
N / A	\$
TOTAL (agree to Schedule V, line 17, col. 3) (Attach a copy of any management service agreement)	\$

C. Professional Services

Vendor/Payee	Type	Amount
LIFELINK CORP.	MANAGEMENT FEE	\$ 187,293
LIFELINK CORP.	DATA PROCESSING	96,652
REINGRUBER & CO.	MEDICARE CONSULTANT	4,560
TOTAL (agree to Schedule V, line 19, column 3) (If total legal fees exceed \$2500 attach copy of invoices.)		\$ 288,505

D. Employee Benefits and Payroll Taxes

Description	Amount
Workers' Compensation Insurance	\$ 157,602
Unemployment Compensation Insurance	33,981
FICA Taxes	450,745
Employee Health Insurance	495,305
Employee Meals	
Illinois Municipal Retirement Fund (IMRF)*	
LIFE/DISABILITY INS.	29,822
PENSION (TSA)	152,066
VENT. BENEFITS RECLASSIFIED	(11,012)
STAFF MEDICAL EXAMS	10,434
PROF. SOCIETIES/EMPLOYEE REL./ETC.	8,440
ALLOCATION SCHEDULE VII-B	23,090
ALLOCATION SCHEDULE VIII-B	71,025
TOTAL (agree to Schedule V, line 22, col.8)	\$ 1,421,498

E. Schedule of Non-Cash Compensation Paid to Owners or Employees

Description	Line #	Amount
NONE		
TOTAL		\$

F. Dues, Fees, Subscriptions and Promotions

Description	Amount
IDPH License Fee	\$
Advertising: Employee Recruitment	3,560
Health Care Worker Background Check (Indicate # of checks performed 79)	553
SUBSCRIPTIONS/REF. PUB.	4,410
ASSOCIATION DUES	18,868
PUBLIC RELATIONS	7,661
PROGRAM PROMOTION	5,942
ALLOCATION SCHEDULE VII-B	381
ALLOCATION SCHEDULE VIII-B	2,369
Less: Public Relations Expense	(7,661)
Non-allowable advertising	(5,942)
Yellow page advertising	(0)
TOTAL (agree to Sch. V, line 20, col. 8)	\$ 30,141

G. Schedule of Travel and Seminar**

Description	Amount
Out-of-State Travel	\$ 7,390
In-State Travel	
Seminar Expense	6,995
ALLOCATION SCHEDULE VII-B	2,084
ALLOCATION SCHEDULE VIII-B	5,229
Entertainment Expense	(
(agree to Sch. V, line 24, col. 8)	
TOTAL	\$ 21,698

* Attach copy of IMRF notifications

**See instructions.

XIX-H. SUPPORT SCHEDULE - DEFERRED MAINTENANCE COSTS (which have been included in Sch. V, line 6, col. 3).
(See instructions.)

[illegible]

Facility Name & ID Number ANCHORAGE OF BENSENVILLE

STATE OF ILLINOIS

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Report Period Beginning: 07/01/2000

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XX. GENERAL INFORMATION:

- (1) Are nursing employees (RN,LPN,NA) represented by a union? NO
- (2) Are there any dues to nursing home associations included on the cost report? YES
If YES, give association name and amount. LSN/AAHSA 7,540
- (3) Did the nursing home make political contributions or payments to a political organization? NO If YES, have these costs been properly adjusted out of the cost report? _____
- (4) Does the bed capacity of the building differ from the number of beds licensed at the end of the fiscal year? NO If YES, what is the capacity? _____
- (5) Have you properly capitalized all major repairs and equipment purchases? YES
What was the average life used for new equipment added during this period? 5-10 YRS.
- (6) Indicate the total amount of both disposable and non-disposable diaper expense and the location of this expense on Sch. V. \$ 55,873 Line 10-2
- (7) Have all costs reported on this form been determined using accounting procedures consistent with prior reports? YES If NO, attach a complete explanation.
- (8) Are you presently operating under a sale and leaseback arrangement? NO
If YES, give effective date of lease. _____
- (9) Are you presently operating under a sublease agreement? _____ YES X NO
- (10) Was this home previously operated by a related party (as is defined in the instructions for Schedule VII)? YES _____ NO X If YES, please indicate name of the facility, IDPH license number of this related party and the date the present owners took over

- (11) Indicate the amount of the Provider Participation Fees paid and accrued to the Department of Public Aid during this cost report period. \$ 125,925
This amount is to be recorded on line 42 of Schedule V.
- (12) Are there any salary costs which have been allocated to more than one line on Schedule V for an individual employee? NO If YES, attach an explanation of the allocation.
- (13) Have costs for all supplies and services which are of the type that can be billed to the Department of Public Aid, in addition to the daily rate, been properly classified in the Ancillary Section of Schedule V? YES
- (14) Is a portion of the building used for any function other than long term care services for the patient census listed on page 2, Section B? NO For example, is a portion of the building used for rental, a pharmacy, day care, etc.) If YES, attach a schedule which explains how all related costs were allocated to these functions
- (15) Indicate the cost of employee meals that has been reclassified to employee benefit: on Schedule V. \$ 0 Has any meal income been offset against related costs? NO Indicate the amount. \$ 0
- (16) Travel and Transportation
a. Are there costs included for out-of-state travel? NO
If YES, attach a complete explanation.
b. Do you have a separate contract with the Department to provide medical transportation for residents? NO If YES, please indicate the amount of income earned from such a program during this reporting period. \$ _____
c. What percent of all travel expense relates to transportation of nurses and patients? NONE
d. Have vehicle usage logs been maintained? YES
e. Are all vehicles stored at the nursing home during the night and all other times when not in use? YES
f. Has the cost for commuting or other personal use of autos been adjusted out of the cost report? YES
g. Does the facility transport residents to and from day training? NO
Indicate the amount of income earned from providing such transportation during this reporting period. \$ _____
- (17) Has an audit been performed by an independent certified public accounting firm? _____
Firm Name: KPMG The instructions for the cost report require that a copy of this audit be included with the cost report. Has this copy been attached? NO If no, please explain. AUDIT HAS NOT BEEN ISSUED
- (18) Have all costs which do not relate to the provision of long term care been adjusted out of Schedule V? YES
- (19) If total legal fees are in excess of \$2500, have legal invoices and a summary of services performed been attached to this cost report? YES
Attach invoices and a summary of services for all architect and appraisal fees.

XII B. # 16 EQUIPMENT RENTAL (PAGE14)

1. APRIA HEALTHCARE		
AIR POWERED COMPRESSOR	612.00	
NEBULIZER	175.00	
OXYGEN CONCENTRATOR	3,663.25	
OXYGEN SYSTEM	9,737.25	
TRAPEZE BAR	101.00	
VENTILATOR	<u>6,600.00</u>	20,908.50
2. ARCH COMMUNICATIONS		
PAGERS FOR: ACTIVITIES	81.11	
FOOD SERVICE	443.27	
HOUSEKEEPING	362.12	
LAUNDRY	141.27	
MAINTENANCE	467.52	
NURSING	470.05	
TRANSPORTATION	<u>88.52</u>	2,053.86
3. BATEMAN/MORRISON HEATHCARE		
KITCHEN EQUIPMENT		10,514.40
4. BRAUN EVENT & TENT		
TENT & CHAIRS		1,188.00
5. HILL-ROM		
CLINITRON		1,106.00
6. HICKLEY SPRINGS		
WATER STATIONS		309.90
7. KCI THERAPEUTICS		
WOUND V.A.C.		8,872.50
8. KREG THERAPEUTICS		
ARCOTECH	660.00	
ORTHODERM	5,445.00	
STARMATT	9,744.00	
STAGE IV 2000	9,330.00	
STAGE IV 3000	8,550.00	
9. MEDCO EQUIPMENT		
WASHER		646.19
10. MITA FINANCIAL		
COPIER		4,243.14
11. MINOLTA BUSINESS SYSTEMS		
COPIER		1,653.38
12. ONTAP		
WATER PURIFICATION		904.47
13. THOMPSON RENTAL		
TRUCK & HOIST		73.60
14. VCM-HMS		
VENTCARE EQUIPMENT		9,945.50
15. WEST SANITATION		
CLEANING SUPPLIES		851.41
16. Z-BEST AQUARIUM		
AQUARIUM RENTAL		385.00
		<u>97,384.85</u>

DESCRIPTION OF LINE 24, SCHEDULE V:

NAME	JOB TITLE	DATE	LOCATION	SEM. TITLE	SPONSOR	COST
SCOTT BARRON	CHAPLAIN	8/26/2001 - 9/2/2001	ST. CHARLES, IL	REVIEW COURSE ILLINOIS LICENSE. EXAMINATION		\$500.00
JANE MULLER	ADMINISTRATOR	10/3/2000 - 10/4/2001	SPRINGFIELD, IL	FALL INSTITUTE	LSN Found.	\$1,685.31
VERA HOLLINS YOLANDA JONES	ACTIVITY COOR. ACTIVITY COOR.			THE ART OF LOW FUNCTIONING ACT. PROGRAMING	I.H.C.A.	\$320.00
JANE MULLER	ADMINISTRATOR	9/14/2001 - 9/15/2001	GALENA, IL	LSN BRD. RETREAT	LSN Found.	\$420.18
JANE MULLER KATHRYN WIGGINS BRENDA KIMBALL IDA HATFIELD LINDA ROBINSON MARY DINGLEDEIN SALONYA JONES ELEANOR WILLIAMS SCOTT BARRON	ADMINISTRATOR DIR. CLINICAL SEF COM. OUTREACH NURSE CARE MGT NURSE CARE MGT ACTIVITY COOR. ACTIVITY COOR. ACTIVITY COOR. CHAPLAIN	4/25/2001 - 4/27/2001	CHICAGO, IL	LSN ANNUAL CONVENTION	LSN FOUND.	\$1,702.50
TEO SULIT ANTHONY PEREZ JEFF DELGADO TONY EDISON	LEAD WORKER MAINT. WORKER DRIVER MAINT. WORKER	10/23/2000 - 10/24/2000	PALATINE, IL	BOILER WATER TREATMENT	HOH CHEM.	\$320.00
KATHRYN WIGGINS	DIR. CLINICAL SEF	11/29/2000 - 12/1/2000	GALENA, IL	NURSES RETREAT	LSN	\$653.59
ALL OTHER SEMINARS LESS THAN \$250.00:						\$1,393.93
ALLOCATED COSTS - SCHEDULE VII B:						\$2,084.00
ALLOCATED COSTS - SCHEDULE VIII B:						\$5,229.00
SUB-TOTAL						<u>\$14,308.51</u>
OUT OF STATE SEMINARS/CONFERENCES						\$7,389.61
TOTAL						<u>\$21,698.12</u>

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD 07/01/00 - 06/30/01

SCHEDULE XIV - EXCEPTIONAL CARE REPORT

<u>RESIDENT NAME</u>	<u>DATES OF SERVICE</u>	NUMBER <u>OF DAYS</u>	ADDITIONAL <u>STAFFING</u>	SUPPLY <u>COST</u>	EQUIPMENT <u>COST</u>	DISPOSAL <u>COST</u>	CONSULTANT <u>TRAINING</u>	TOTAL
GREG BUDINGER)	7/01/00 - 12/10/00 12/16/00 - 06/30/01	359	59,513	27,447	5,322	1,939	2,040	96,261
TOTAL		359	59,513	27,447	5,322	1,939	2,040	96,261

FACILITY ID#: 0014258

FACILITY NAME: ANCHORAGE OF BENSENVILLE
A FACILITY OF THE BENSENVILLE HOME SOCIETY

REPORT PERIOD: 07/01/00 - 06/30/01

SCHEDULE V

RECLASSIFICATIONS AND ADJUSTMENTS:

1. LINE 1 DIETARY	11,161	
LINE 3 HOUSEKEEPING	851	
LINE 6 MAINTENANCE	74	
LINE 11 ACTIVITIES	1,573	
LINE 21 CLERICAL & GENERAL OFFICE	9,165	
LINE 39 ANCILLARY SERVICE CENTER	74,561	
LINE 35 RENT - EQUIPMENT		97,385
TO RECLASSIFY RENTAL EQUIPMENT TO PROPER ACCOUNTS PER SCHEDULE XII B #16.		
2. LINE 2 FOOD PURCHASES	562	
LINE 11 ACTIVITIES	54,235	
LINE 17 ADMINISTRATIVE	46,507	
LINE 19 PROFESSIONAL SERVICES		141,240
LINE 20 FEES, SUBSCRIPTIONS, PROM.	381	
LINE 21 CLERICAL & GENERAL OFFICE	2,671	
LINE 22 EMPLOYMENT BENEFITS & TAXES	23,090	
LINE 24 TRAVEL & SEMINARS	2,084	
LINE 25 OTHER STAFF TRANSPORTATION	6,663	
LINE 34 RENT- FACILITY & GROUNDS	5,057	
TO RECLASSIFY MANAGEMENT FEES FROM PROFESSIONAL SERVICES TO PROPER ACCOUNTS.		
3. LINE 41 GIFT & COFFEE SHOP	4,062	
LINE 2 FOOD PURCHASES		107
LINE 11 ACTIVITIES		3,955
TO RECLASSIFY COFFEE SHOP EXPENSES		
4. LINE 39 ANCILLARY SERVICE CENTER	48,501	
LINE 10 NURSING & RECORD KEEPING		48,501
TO RECLASSIFY RN OR LPN TIME TO VENTILATOR CARE BEDS. REPRESENTS NURSING STAFF REQUIRED. AMOUNT COMPUTED BASED ON AVERAGE HOURLY RATE OF STAFF TIME AS DETERMINED BY SCHEDULE XVIII. (7 HOURS X 359 DAYS X 19.30 PER HOUR)		
5. LINE 39 ANCILLARY SERVICE CENTER	11,012	
LINE 22 EMPLOYMENT BENEFITS & TAXES		11,012
TO RECLASSIFY EMPLOYEE BENEFITS AND PAYROLL TAXES RELATED TO VENTILATOR SALARIES IN ADJUSTMENT # 4 ABOVE.		
6. LINE 39 ANCILLARY SERVICE CENTER	1,939	
LINE 6 MAINTENANCE		1,939
TO RECLASSIFY COST OF INFECTIOUS WASTE DISPOSAL FOR VENTILATOR PATIENTS.		
7. LINE 39 ANCILLARY SERVICE CENTER	27,447	
LINE 10 NURSING & RECORD KEEPING		27,447
TO RECLASSIFY VENTILATOR SUPPLIES TO PROPER LINE.		
8. LINE 39 ANCILLARY SERVICE CENTER	374,991	
LINE 10a THERAPY		374,991
TO RECLASSIFY THERAPY COSTS IN EXCESS OF ROUTINE CARE ASSOCIATED WITH SUB-ACUTE CARE.		

RECAP ABOVE ENTRIES

LINE 1 DIETARY	11,161	
LINE 2 FOOD PURCHASES	445	
LINE 3 HOUSEKEEPING	851	
LINE 6 MAINTENANCE		1,865
LINE 10 NURSING & RECORD KEEPING		75,948
LINE 10a THERAPY		374,991
LINE 11 ACTIVITIES	51,853	
LINE 17 ADMINISTRATIVE	46,507	
LINE 19 PROFESSIONAL SERVICES		141,240
LINE 20 FEES, SUBSCRIPTIONS, PROM.	381	
LINE 21 CLERICAL & GENERAL OFFICE	11,836	
LINE 22 EMPLOYMENT BENEFITS & TAXES	12,078	
LINE 24 TRAVEL & SEMINARS	2,084	
LINE 25 OTHER STAFF TRANSPORTATION	6,663	
LINE 34 RENT- FACILITY & GROUNDS	5,057	
LINE 35 RENT - EQUIPMENT		97,385
LINE 39 ANCILLARY SERVICE CENTER	538,451	
LINE 41 GIFT & COFFEE SHOP	4,062	

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0014258 ANCHORAGE OF BENSENVILLE
0033803 ANCHORAGE OF BEECHER
0039289 PINE ACRES CARE CENTER

SCHEDULE XVII - LINE 41

	(1) BENSENVILLE HOME <u>SOCIETY</u>	(2) <u>FACILITY</u>	BHS RELATED <u>(1) - (2)</u>
<u>ANCHORAGE OF BENSENVILLE</u> REVENUES	39,727,159	11,293,460	28,433,699
EXPENSES	44,489,486	12,177,148	32,312,338
NET INCOME (LOSS) FROM OPER	<u>(4,762,327)</u>	<u>(883,688)</u>	<u>(3,878,639)</u>

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE XV BALANCE SHEET

LINE 23 - OTHER

BENEFICIAL INTEREST IN PERPETUAL TRUST	4,428,381
STUDENT LOANS RECEIVABLE	60,815
CASH RESTRICTED FOR STUDENT LOANS	84,466
CONSTRUCTION IN PROGRESS	79,332
DEFERRED COSTS AND OTHER INTANGIBLES, NET	1,282,994
OTHER ASSETS, NET	353,110
DUE FROM AFFILIATED CORPORATIONS	2,435
	<u>6,291,533</u>

BENSENVILLE HOME SOCIETY
INDIRECT COSTS (UNALLOCATED)
SCHEDULE VIII-B
6/30/2001

RECAP

		0014258	0033803	0005066	0039289
		ANCHORAGE	ANCHORAGE	E'OTONE SENIOR	PINE ACRES
LINE.#	DESCRIPTION	OF BENSENVILLE	BEECHER	LIVING CENTER	CARE CENTER
2	FOOD PURCHASES	-	-	-	-
17	ADMINISTRATIVE	284,237	112,450	14,453	96,182
19	PROFESSIONAL SERVICES	46,357	18,340	2,357	15,686
20	FEES, SUBSCRIPTIONS, PI	2,369	937	120	802
21	GENERAL OFFICE EXPENS	22,751	9,001	1,157	7,699
22	EMPLOYMENT BENEFITS &	71,025	28,099	3,611	24,034
24	TRAVEL AND SEMINARS	5,229	2,069	266	1,770
25	OTHER STAFF TRANSPOR	5,297	2,096	269	1,792
26	INSURANCE	-	-	-	-
34	RENT-FACILITIES & GROU	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-
	TOTAL	437,265	172,991	22,234	147,965
	ALLOCATION	21.07%	8.34%	1.07%	7.13%

AMINISTRATION (010)						BOARD & CORPORATE (020)					
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED		TOTAL	DIS-ALLOWED	ALLOWED			
2	FOOD PURCHASES	419	-	419	-	-	-	-	-	-	-
17	ADMINISTRATIVE	654,168	240,153	414,015	-	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	126,618	110,472	16,146	3,431	-	-	-	3,431	-	-
20	FEES, SUBSCRIPTIONS, PI	2,571	-	2,571	250	-	250	-	-	-	-
21	GENERAL OFFICE EXPENS	21,317	2,571	18,746	136	-	-	-	-	136	-
22	EMPLOYMENT BENEFITS &	119,387	43,828	75,559	18402	-	-	-	-	18,402	-
24	TRAVEL AND SEMINARS	39,834	23,365	16,469	-	-	-	-	-	-	-
25	OTHER STAFF TRANSPOR	20,679	-	20,679	75	-	-	-	-	75	-
26	INSURANCE	-	-	-	1,220	1,220	-	-	-	-	-
34	RENT-FACILITIES & GROU	41,676	41,676	-	-	-	-	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	-	-	-
	TOTAL	1,026,669	462,484	564,185		23,514	1,470			22,044	

BUSINESS OFFICE (030)						SUPPORT SERVICES (080)					
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED		TOTAL	DIS-ALLOWED	ALLOWED			
2	FOOD PURCHASES	419	-	419	-	-	-	-	-	-	-
17	ADMINISTRATIVE	611,617	19,854	591,763	121,898	11,898	-	-	110,000	-	-
19	PROFESSIONAL SERVICES	512,679	369,755	142,924	(6,165)	-	-	-	(6,165)	-	-
20	FEES, SUBSCRIPTIONS, PI	5,792	-	5,792	1,147	-	-	-	1,147	-	-
21	GENERAL OFFICE EXPENS	60,375	-	60,375	3,575	-	-	-	3,575	-	-
22	EMPLOYMENT BENEFITS &	165,370	-	165,370	19,841	1,937	-	-	17,904	-	-
24	TRAVEL AND SEMINARS	7,951	-	7,951	10,695	10,695	-	-	-	-	-
25	OTHER STAFF TRANSPOR	3,101	-	3,101	260	-	-	-	260	-	-
26	INSURANCE	-	-	-	-	-	-	-	-	-	-
34	RENT-FACILITIES & GROU	76,920	76,920	-	12,888	12,888	-	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	-	-	-
	TOTAL	1,444,224	466,948	977,276		164,139	37,418			126,721	

MATERIALS HANDLING (110)						HUMAN RESOURCES (120)					
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED		TOTAL	DIS-ALLOWED	ALLOWED			
2	FOOD PURCHASES	65,925	-	65,925	54	54	-	-	107,267	-	-
17	ADMINISTRATIVE	3,634	-	3,634	60,032	-	-	-	60,032	-	-
19	PROFESSIONAL SERVICES	378	-	378	110	-	-	-	110	-	-
20	FEES, SUBSCRIPTIONS, PI	2,482	-	2,482	17,619	-	-	-	17,619	-	-
21	GENERAL OFFICE EXPENS	21,348	-	21,348	26,607	-	-	-	26,607	-	-
22	EMPLOYMENT BENEFITS &	398	-	398	-	-	-	-	-	-	-
24	TRAVEL AND SEMINARS	-	-	-	72	-	-	-	72	-	-
25	OTHER STAFF TRANSPORT	-	-	-	-	-	-	-	-	-	-
26	INSURANCE	-	-	-	-	-	-	-	-	-	-
34	RENT-FACILITIES & GROU	2,172	2,172	-	25,644	25,644	-	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	-	-	-
	TOTAL	96,337	2,172	94,165		237,405	25,698			211,707	

TRAINING (130)						GRAND TOTAL					
LINE #	DESCRIPTION	TOTAL	DIS-ALLOWED	ALLOWED		TOTAL	DIS-ALLOWED	ALLOWED			
2	FOOD PURCHASES	3,845	-	3,845	4,737	4,737	-	-	-	-	-
17	ADMINISTRATIVE	59,977	-	59,977	1,620,852	271,905	-	-	1,348,947	-	-
19	PROFESSIONAL SERVICES	-	-	-	700,229	480,227	-	-	220,002	-	-
20	FEES, SUBSCRIPTIONS, PI	1,246	-	1,246	11,494	250	-	-	11,244	-	-
21	GENERAL OFFICE EXPENS	5,040	-	5,040	110,544	2,571	-	-	107,973	-	-
22	EMPLOYMENT BENEFITS &	11,884	-	11,884	382,839	45,765	-	-	337,074	-	-
24	TRAVEL AND SEMINARS	-	-	-	58,878	34,060	-	-	24,818	-	-
25	OTHER STAFF TRANSPOR	952	-	952	25,139	25,139	-	-	25,139	-	-
26	INSURANCE	-	-	-	1,220	1,220	-	-	-	-	-
34	RENT-FACILITIES & GROU	4,789	4,789	-	164,089	164,089	-	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-	-	-	-	-
	TOTAL	87,733	8,634	79,099		3,080,021	1,004,824			2,075,197	

BENEDICTINE HOME SOCIETY
SCHEDULE 9-VG
6/30/2001

REVENUE OF BENEDICTINE

NAME	FUNCTION	GROSS DOLLARS	FIXED DOLLARS	NET DOLLARS	PERCENT DOLLARS	TO FACILITY/UNLABLE DOLLARS	OVER DOLLARS	ADJUSTED DOLLARS
CARL ZIMMERMAN PRESIDENT		201,014	8,000	209,014	21.07%	50,884	23,178	33,536
ROBERT LOGOTH EXEC. VP ADMINISTRATION		18,713	8,000	17,713	1.87%	27,288	23,178	13,946
JOAN D LEONARD EXEC. VP OPERATIONS		128,427	7,200	145,627	14.97%	22,288	23,178	23,178
JAMES FORMAL VP HEALTH CARE		128,819	7,800	133,619	27.87%	27,146	30,396	6,596
THOMAS KROSEN VP FINANCE/TREASURER		128,819	7,800	133,619	27.87%	24,150	23,178	4,962
ALLEN GABRIEL CONTROLLER		71,419	-	71,419	21.07%	13,946	23,178	-
KATHY LYNN CLEGGVP CORPORATE SERVICES		20,180	-	20,180	2.07%	5,016	23,178	-
KENYETTA MAYNARD SUPPORT SERVICES		54,075	-	54,075	23.20%	26,344	23,178	2,900
PAMELA JAMES DIRECTOR VOLUNTEER		26,419	-	26,419	30.00%	11,020	-	11,020
DONALD PRINARDIRECTOR BUDGETING		74,600	-	74,600	1.76%	7,766	-	7,766
JANET HESSEN DIRECTOR PASTORAL C		41,528	-	41,528	27.60%	19,826	21,792	-
KATHLEEN SCHLAFDIRECTOR HUMAN RES		50,467	-	50,467	21.07%	16,638	23,178	-
MELVOY LEANETDIRECTOR TRAINING		35,844	-	35,844	21.07%	11,780	23,178	-
ROBIN MERRIDON INTERGENERATIONAL CC		41,250	-	41,250	2.00%	3,000	-	3,000
TOTAL ALLOCATION								73,229

ANCHORAGE ALLOCATION

ANCHORAGE OF BENEDICTINE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

13,121,862\$274,501+ 21.07%

BENEDICTINE HOME SOCIETY
SCHEDULE 9-VG
6/30/2001

REVENUE OF BENEDICTINE

NAME	FUNCTION	GROSS DOLLARS	FIXED DOLLARS	NET DOLLARS	PERCENT DOLLARS	TO FACILITY/UNLABLE DOLLARS	OVER DOLLARS	ADJUSTED DOLLARS
CARL ZIMMERMAN PRESIDENT		201,014	8,000	209,014	8.34%	24,426	6,176	13,238
ROBERT LOGOTH EXEC. VP ADMINISTRATION		18,713	8,000	17,713	8.34%	14,448	9,176	5,476
JOAN D LEONARD EXEC. VP OPERATIONS		128,427	7,200	145,627	8.34%	12,223	9,176	3,053
JAMES FORMAL VP HEALTH CARE		128,819	7,800	133,619	23.20%	31,000	26,580	20,520
THOMAS KROSEN VP FINANCE/TREASURER		128,819	7,800	133,619	8.34%	11,120	9,176	8,176
ALLEN GABRIEL CONTROLLER		71,419	-	71,419	8.34%	5,096	-	5,096
KATHY LYNN CLEGGVP CORPORATE SERVICES		20,180	-	20,180	8.34%	2,162	9,176	2,162
KENYETTA MAYNARD SUPPORT SERVICES		54,075	-	54,075	8.34%	13,363	9,176	1,173
PAMELA JAMES DIRECTOR VOLUNTEER		26,419	-	26,419	20.00%	7,284	22,000	-
DONALD PRINARDIRECTOR BUDGETING		74,600	-	74,600	8.34%	4,716	9,176	6,216
JANET HESSEN DIRECTOR PASTORAL C		41,528	-	41,528	10.00%	4,151	11,000	-
KATHLEEN SCHLAFDIRECTOR HUMAN RES		50,467	-	50,467	8.34%	4,260	9,176	4,260
MELVOY LEANETDIRECTOR TRAINING		35,844	-	35,844	8.34%	4,680	9,176	4,680
ROBIN MERRIDON INTERGENERATIONAL CC		41,250	-	41,250	4.00%	1,000	4,400	-
TOTAL ALLOCATION								70,007

ANCHORAGE ALLOCATION

ANCHORAGE OF BENEDICTINE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

5,191,267\$274,501+ 8.34%

BENEDICTINE HOME SOCIETY
SCHEDULE 9-VG
6/30/2001

REVENUE OF BENEDICTINE

NAME	FUNCTION	GROSS DOLLARS	FIXED DOLLARS	NET DOLLARS	PERCENT DOLLARS	TO FACILITY/UNLABLE DOLLARS	OVER DOLLARS	ADJUSTED DOLLARS
CARL ZIMMERMAN PRESIDENT		201,014	8,000	209,014	7.13%	19,181	7,843	11,338
ROBERT LOGOTH EXEC. VP ADMINISTRATION		18,713	8,000	17,713	1.13%	13,528	7,843	4,885
JOAN D LEONARD EXEC. VP OPERATIONS		128,427	7,200	145,627	7.13%	10,435	7,843	2,592
JAMES FORMAL VP HEALTH CARE		128,819	7,800	133,619	23.20%	22,435	20,750	6,726
THOMAS KROSEN VP FINANCE/TREASURER		128,819	7,800	133,619	7.13%	9,515	7,843	1,672
ALLEN GABRIEL CONTROLLER		71,419	-	71,419	7.13%	5,090	7,843	-
KATHY LYNN CLEGGVP CORPORATE SERVICES		20,180	-	20,180	7.13%	1,897	7,843	1,897
KENYETTA MAYNARD SUPPORT SERVICES		54,075	-	54,075	7.13%	6,847	7,843	1,004
PAMELA JAMES DIRECTOR VOLUNTEER		26,419	-	26,419	10.00%	7,300	20,800	-
DONALD PRINARDIRECTOR BUDGETING		74,600	-	74,600	7.13%	5,319	7,843	-
JANET HESSEN DIRECTOR PASTORAL C		41,528	-	41,528	10.00%	4,151	11,000	-
KATHLEEN SCHLAFDIRECTOR HUMAN RES		50,467	-	50,467	7.13%	3,600	7,843	-
MELVOY LEANETDIRECTOR TRAINING		35,844	-	35,844	7.13%	3,960	7,843	-
ROBIN MERRIDON INTERGENERATIONAL CC		41,250	-	41,250	2.00%	825	2,000	-
TOTAL ALLOCATION								107,129

ANCHORAGE ALLOCATION

ANCHORAGE OF BENEDICTINE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

4,446,267\$274,501+ 7.13%

BENEDICTINE HOME SOCIETY
SCHEDULE 9-VG
6/30/2001

REVENUE OF BENEDICTINE

NAME	FUNCTION	GROSS DOLLARS	FIXED DOLLARS	NET DOLLARS	PERCENT DOLLARS	TO FACILITY/UNLABLE DOLLARS	OVER DOLLARS	ADJUSTED DOLLARS
CARL ZIMMERMAN PRESIDENT		201,014	8,000	209,014	1.07%	2,882	1,179	1,704
ROBERT LOGOTH EXEC. VP ADMINISTRATION		18,713	8,000	17,713	1.07%	1,803	1,179	204
JOAN D LEONARD EXEC. VP OPERATIONS		128,427	7,200	145,627	1.07%	1,271	1,179	38
JAMES FORMAL VP HEALTH CARE		128,819	7,800	133,619	9.30%	12,427	10,230	2,197
THOMAS KROSEN VP FINANCE/TREASURER		128,819	7,800	133,619	1.07%	1,420	1,179	201
ALLEN GABRIEL CONTROLLER		71,419	-	71,419	1.07%	765	1,179	-
KATHY LYNN CLEGGVP CORPORATE SERVICES		20,180	-	20,180	1.07%	200	1,179	-
KENYETTA MAYNARD SUPPORT SERVICES		54,075	-	54,075	1.07%	1,329	1,179	151
PAMELA JAMES DIRECTOR VOLUNTEER SERV		26,419	-	26,419	6.00%	1,024	1,880	-
DONALD PRINARDIRECTOR BUDGETING		74,600	-	74,600	1.07%	766	1,179	-
JANET HESSEN DIRECTOR PASTORAL C		41,528	-	41,528	2.00%	835	2,236	-
KATHLEEN SCHLAFDIRECTOR HUMAN RES		50,467	-	50,467	1.07%	561	1,179	-
MELVOY LEANETDIRECTOR TRAINING		35,844	-	35,844	1.07%	588	1,179	-
ROBIN MERRIDON INTERGENERATIONAL CC		41,250	-	41,250	2.00%	825	2,236	-
TOTAL ALLOCATION								33,338

ANCHORAGE ALLOCATION

ANCHORAGE OF BENEDICTINE PROGRAM EXPENSES / TOTAL PROGRAM EXPENSES

887,235\$274,501+ 1.07%

BENEDICTINE HOME SOCIETY
SCHEDULE 9-VG
6/30/2000

REVENUE

NAME	FUNCTION	TOTAL EXCLUDED DOLLARS	TOTAL ADJUSTED DOLLARS
CARL ZIMMERMAN PRESIDENT		50,885	41,375
ROBERT LOGOTH EXEC. VP ADMINISTRATION		24,713	41,375
JOAN D LEONARD EXEC. VP OPERATIONS		13,176	13,176
JAMES FORMAL VP HEALTH CARE		21,418	10,230
THOMAS KROSEN VP FINANCE/TREASURER		8,821	41,375
ALLEN GABRIEL CONTROLLER		36,429	-
KATHY LYNN CLEGGVP CORPORATE SERVICES		5,283	41,375
KENYETTA MAYNARD SUPPORT SERVICES		-	20,583
PAMELA JAMES DIRECTOR VOLUNTEER SERV		-	26,419
DONALD PRINARDIRECTOR BUDGETING		-	7,766
JANET HESSEN DIRECTOR PASTORAL C		-	19,827
KATHLEEN SCHLAFDIRECTOR HUMAN RESOURCES		-	16,638
MELVOY LEANETDIRECTOR TRAINING		-	11,780
ROBIN MERRIDON INTERGENERATIONAL COORD.		-	3,000
TOTAL		150,334	217,397

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

X INTEREST EXPENSE

FACILITY NUMBE NAME

0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

THE BENSENVILLE HOME SOCIETY (BHS) IN CONJUNCTION WITH ITS AFFILIATED CORPORATIONS, LIFELINK AND BRIDGEWAY OF BENSENVILLE, HAVE ISSUED 1989A, 1995A, AND 1998 BONDS THRU THE ILLINOIS HEALTH FACILITY AUTHORITY ON VARIOUS DATES. SEE COPY OF OFFICIAL STATEMENTS ATTACHED. THE 1989B AND 1995B BONDS WERE RETIRED WITH THE ISSUANCE OF THE 1998 BONDS.

INTEREST PAID AND ACCRUED

1989A SERIES	149,591
1995A SERIES	384,734
1998 SERIES	975,638

LETTER OF CREDIT AND OTHER FEES

1989A SERIES	60,704
1995A SERIES	140,097
TOTAL	<u>1,710,764</u>

INTEREST HAS BEEN ALLOCATED BASED ON THE USE OF THE BOND PROCEEDS.

ANCHORAGE OF BENSENVILLE	34.2% OF 1989 BONDS	71,876
	14.2% OF 1995 BONDS	74,252
	8.5% OF 1998 BONDS	<u>83,022</u>
	TOTAL	<u>229,150</u>
ANCHORAGE OF BEECHER	44.5% OF 1989 BONDS	93,523
	11.1% OF 1998 BONDS	<u>108,026</u>
	TOTAL	<u>201,549</u>
PEOTONE SENIOR LIVING CENTE	5.5% OF 1989 BONDS	11,559
	1.4% OF 1998 BONDS	<u>13,352</u>
	TOTAL	<u>24,911</u>
PINE ACRES CARE CENTER	32.8% OF 1995 BONDS	171,997
OTHER*		1,083,157
TOTAL		<u>1,710,764</u>

* CORPORATE AND PARENT CORPORATE OFFICES AND NON-CARE RELATED.

LIFELINK CORPORATION
BENSENVILLE HOME SOCIETY

SCHEDULE VII-A

ANCHORAGE OF BENSENVILLE	# 0014258
ANCHORAGE OF BEECHER	# 0033803
PINE ACRES CARE CENTER	# 0039289
PEOTONE SENIOR LIVING CENTER	# 0005066

ATTACHED ARE LISTS OF THE BOARD OF DIRECTORS FOR LIFELINK CORPORATION AND BENSENVILLE HOME SOCIETY.

NONE OF THESE DIRECTORS PROVIDE ANY SERVICES TO EITHER CORPORATION NOR DO THEY HAVE ANY OWNERSHIP IN ANY ENTITY THAT DOES BUSINESS WITH EITHER CORPORATION.

BENSENVILLE HOME SOCIETY
SCHEDULE VII-B
6/30/2001

RECAP

LINE #	DESCRIPTION	0014258	0033803	0005066	0039289
		ANCHORAGE OF BENSENVILLE	ANCHORAGE OF OF BEECHER	PEOTONE SENIOR LIVING CENTER	PINE ACRES CARE CENTER
2	FOOD PURCHASES	552	443	178	589
11	ACTIVITIES	54,235	17,342	5,235	16,591
17	ADMINISTRATIVE	46,507	38,812	15,558	54,370
19	PROFESSIONAL SERVICES	13,244	8,225	3,234	7,824
20	FEES, SUBSCRIPTIONS, PR	381	128	41	115
21	GENERAL OFFICE EXPENS	2,671	1,609	620	1,620
22	EMPLOYMENT BENEFITS &	23,090	13,253	4,965	16,224
24	TRAVEL AND SEMINARS	2,084	1,683	674	2,256
25	OTHER STAFF TRANSPORT	6,663	2,981	1,028	3,680
34	RENT-FACILITIES & GROUN	5,057	3,371	1,348	3,203
35	RENTAL EQUIPMENT	-	-	-	-
TOTAL		154,483	87,847	32,910	106,672

VICE PRESIDENT OF HEALTH CARE (020-050)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	CARE CENTER
2	FOOD PURCHASES	1,612	-	1,612	448	374	523.90
11	ACTIVITIES	-	-	-	-	-	-
17	ADMINISTRATIVE	193,111	25,819	167,292	46,507	38,812	54,369.90
19	PROFESSIONAL SERVICES	14,351	14,351	-	-	-	-
20	FEES, SUBSCRIPTIONS, PR	34,275	34,275	-	-	-	-
21	GENERAL OFFICE EXPENS	2,925	-	2,925	813	679	950.63
22	EMPLOYMENT BENEFITS &	41,733	5,580	36,153	10,051	8,387	11,749.73
24	TRAVEL AND SEMINARS	6,285	-	6,285	1,747	1,458	2,042.63
25	OTHER STAFF TRANSPORT	7,971	-	7,971	2,216	1,849	2,590.58
34	RENT-FACILITIES & GROUN	12,468	12,468	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		314,731	92,493	222,238	61,782	51,559	72,227
ALLOCATION %					27.8%	23.2%	32.5%

PASTORAL CARE(020-150)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	CARE CENTER
2	FOOD PURCHASES	529	-	529	-	-	-
11	ACTIVITIES	88,763	-	88,763	41,719	8,876	8,876
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	2,841	-	2,841	1,335	284	284
20	FEES, SUBSCRIPTIONS, PR	608	-	608	286	61	61
21	GENERAL OFFICE EXPENS	1,483	-	1,483	697	148	148
22	EMPLOYMENT BENEFITS &	18,356	-	18,356	8,627	1,836	1,836
24	TRAVEL AND SEMINARS	1,387	1,387	-	-	-	-
25	OTHER STAFF TRANSPORT	8,640	-	8,640	4,061	864	173
34	RENT-FACILITIES & GROUN	9,696	9,696	-	-	-	-
35	RENTAL EQUIPMENT	129	129	-	-	-	-
TOTAL		132,432	11,741	120,691	56,725	12,069	12,069
ALLOCATION %					47%	10%	10%

VOLUNTEER COORDINATOR(100-200)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	CARE CENTER
2	FOOD PURCHASES	345	-	345	104	69	66
11	ACTIVITIES	38,682	-	38,682	11,605	7,736	7,350
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	39,661	-	39,661	11,898	7,932	7,536
20	FEES, SUBSCRIPTIONS, PR	232	-	232	70	46	44
21	GENERAL OFFICE EXPENS	3,665	-	3,665	1,100	733	696
22	EMPLOYMENT BENEFITS &	12,487	-	12,487	3,746	2,497	2,373
24	TRAVEL AND SEMINARS	1,124	-	1,124	337	225	214
25	OTHER STAFF TRANSPORT	1,015	-	1,015	305	203	193
34	RENT-FACILITIES & GROUN	23,768	6,912	16,856	5,057	3,371	3,203
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		120,979	6,912	114,067	34,220	22,813	21,873
ALLOCATION %					30%	20%	19%

INTERGENERATIONAL(100-245)

LINE #	DESCRIPTION	ANCHORAGE OF		ANCHORAGE PEOTONE SENIOR		PINE ACRES	
		TOTAL	DIS-ALLOWED	ALLOWED	BENSENVILLE	OF BEECHER	CARE CENTER
2	FOOD PURCHASES	87	87	-	-	-	-
11	ACTIVITIES	18,235	-	18,235	912	729	365
17	ADMINISTRATIVE	-	-	-	-	-	-
19	PROFESSIONAL SERVICES	205	-	205	10	8	4
20	FEES, SUBSCRIPTIONS, PR	511	-	511	26	20	10
21	GENERAL OFFICE EXPENS	1,233	-	1,233	62	49	25
22	EMPLOYMENT BENEFITS &	13,316	-	13,316	666	533	266
24	TRAVEL AND SEMINARS	1,496	1,496	-	-	-	-
25	OTHER STAFF TRANSPORT	1,628	-	1,628	81	65	33
34	RENT-FACILITIES & GROUN	4,644	4,644	-	-	-	-
35	RENTAL EQUIPMENT	-	-	-	-	-	-
TOTAL		41,355	6,227	35,128	1,758	1,405	703
ALLOCATION %					5%	4%	2%

BENSENVILLE HOME SOCIETY

REPORTING PERIOD 07/01/00 - 06/30/01

FACILITY NUMBER	NAME
0014258	ANCHORAGE OF BENSENVILLE
0033803	ANCHORAGE OF BEECHER
0005066	PEOTONE SENIOR LIVING CENTER
0039289	PINE ACRES CARE CENTER

SCHEDULE VII RELATED PARTIES - PART A3

<u>NAME</u>	<u>CITY</u>	<u>TYPE OF BUSINESS</u>
HOYLETON YOUTH AND FAMILY SERVICES	HOYLETON	SOCIAL SERVICES
HOYLETON CHILDREN'S HOME FOUNDATION	HOYLETON	FUND RAISING